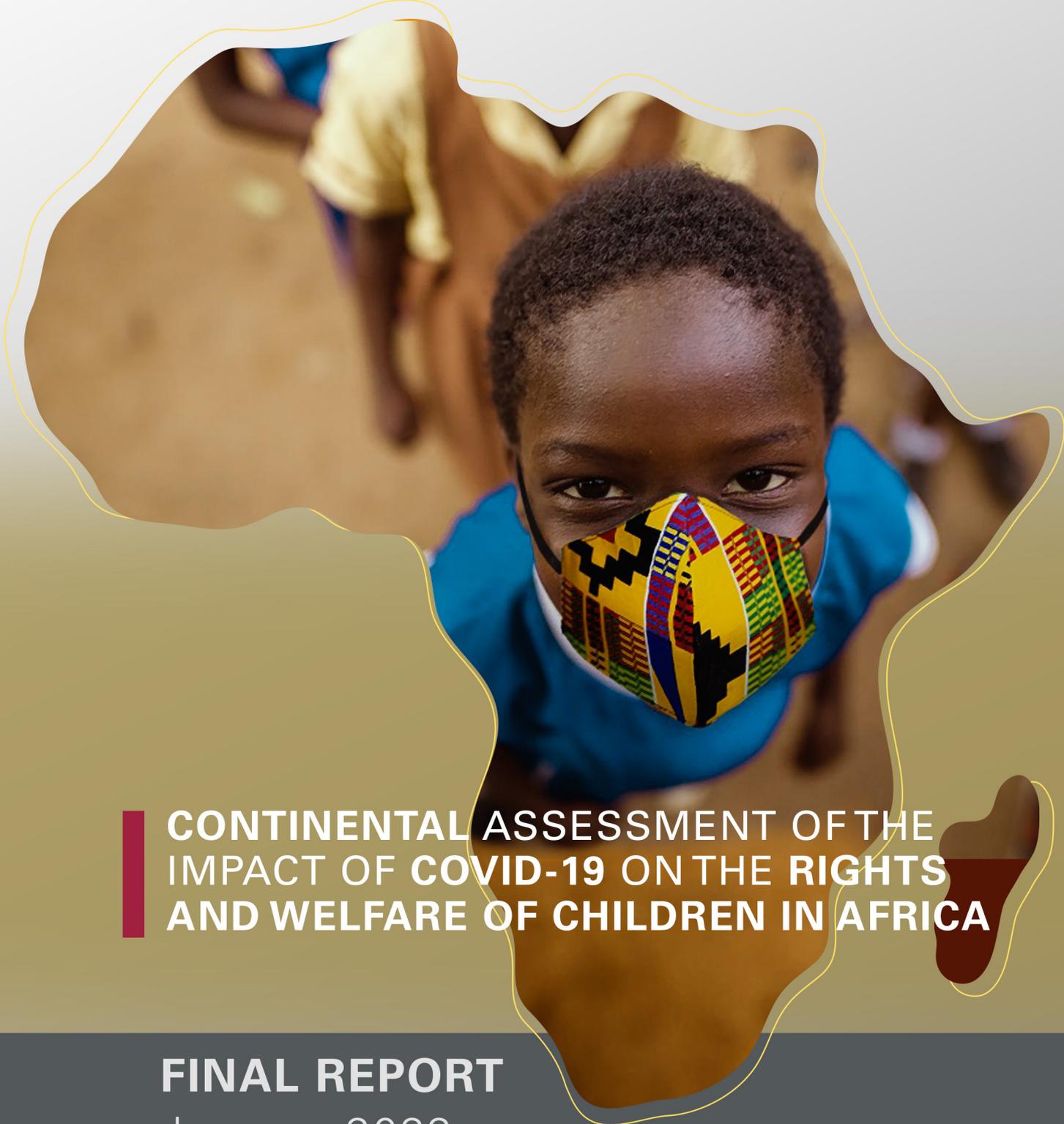




ACERWC
African Committee of Experts on
the Rights & Welfare of the Child



**CONTINENTAL ASSESSMENT OF THE
IMPACT OF COVID-19 ON THE RIGHTS
AND WELFARE OF CHILDREN IN AFRICA**

FINAL REPORT
January 2022

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The representatives of child-focused civil society organisations, child protection institutions, and bodies and ministries of African Union Member States who participated in this continental assessment contributed to its accuracy. As part of this, they provided examples of the impact on children's rights and welfare of COVID-19 and the measures that were adopted to combat a pandemic that affected children as much as it did society as a whole.

Abbreviations and acronyms

ACERWC	African Committee of Experts on the Rights and Welfare of the Child
ACRWC	African Charter on the Rights and Welfare of the Child
AGA	African Governance Architecture
AU	African Union
COVID-19	Coronavirus Disease of 2019
CRC	UN Convention on the Rights of the Child
CSO	Civil society organisation
DRC	Democratic Republic of Congo
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GDP	Gross domestic product
NGO	Non-governmental organisation
SGBV	Sexual and gender-based violence
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Executive summary

Member States of the African Union (AU) have committed to a rights-based development agenda. They have undertaken to advance this agenda by ending historical and intergenerational patterns of poverty, inequality and social exclusion through the realization of the rights of children not only to survive but to develop to their full potential.

In particular, by virtue of their adoption of the African Charter on the Rights and Welfare of the Child (ACRWC), governments across the continent have committed to ensuring that, in ordinary as well as extraordinary times, the best interests of children are taken as paramount when making decisions.

Prior to the COVID-19 pandemic, progress had slowed down, and the continent was not on track to achieving its developmental aims. With the outbreak of the pandemic, however, this state of affairs was exacerbated by the fact that governments had to take extraordinary decisions and measures to protect citizens and to balance competing interests in a context of declining resources.

The African Committee of Experts on the Rights and Welfare of the Child (ACERWC), concerned by the absence of consideration of children's best interests and reports that emerged about transgressions of children's developmentally critical rights in the wake of COVID-19 decision-making, issued a Guiding Note in April 2020 to AU Member States emphasizing the need to guarantee protection of children's rights in these extraordinary times and providing guidance on the measures necessary in this regard.

Whilst recognizing the complexity of the decisions that were being made, the Guiding Note underlined that Member States remained duty-bound to ensure that such decisions and processes did not erode children's protected rights necessary for their survival, protection, development, and participation. Notably, this included their rights of access to child-friendly information, to health care, to education, to family and parental care, and to protection from discrimination.

Following the issuance of the Guiding Note at its 35th Ordinary Session, which took place virtually from 31 August to 8 September 2020, the ACERWC conducted consultations with selected AU Member States, civil society organizations, and representatives of children on efforts to curb the pandemic's impact on the rights and welfare of children. Among other things, the discussions highlighted the challenges faced by Member States as well as the good practices available on the continent.

As an outcome of these consultations, the ACERWC decided to embark on a continental assessment of the impact of COVID-19 on the rights and welfare of children. The assessment was undertaken in the context of the ACERWC's cooperation with the GIZ-AGA program on Strengthening Good Governance and Human Rights in Africa.

The present report is the result of this endeavor. It illustrates that, when viewed against the guiding principles and requirements for securing the best interests of the child as published by the Committee, Member States did not fulfill their responsibilities adequately. Contrary to the duty of governments, their efforts to address the health-related and socio-economic consequences of COVID-19 negatively impacted on children's rights and well-being, especially the rights of girls and other vulnerable groups.

The present report has sought to assess these impacts with a view to understanding them and developing recommendations for Member States, as urged in the Guiding Note, to mitigate the long-term effect of COVID-19 on children's rights and, on the basis of lessons learned during the pandemic, strengthen national emergency responses so as to prevent a recurrence of widespread transgression of children's rights in future emergencies.

The following four areas of major concern are highlighted:

- ***The need for child-friendly and -inclusive information and communication***

During the pandemic, children's voices were not heard enough. There was lack of participation by, and consultation with, organizations representing children in decision-making around public health measures; likewise, there was little evidence of children's involvement in making decisions and formulating policies that directly affected their lives.

- ***Existing systemic weaknesses deepened the impact on children's rights***

Measures such as quarantines, lock-downs and school closures not only impacted on economies and deepened poverty, but also affected the well-being of children, especially so vulnerable children who were already at risk because of weak systems.

- ***The need to ensure every child's right to education***

School closures impacted on children's rights, specifically – though not only – their right to education.

Weak systems and infrastructure, along with high levels of poverty, prevented children from accessing online learning. Girls experienced higher levels of exclusion from Online learning than boys. In addition to being a place of learning and development, schools offer many children a place of safety, care and protection. The closure of schools increased children's exposure to violence, abuse and exploitation whilst depriving them of the safety of the school environment.

- ***The need for nutritional support to children and families***

Although COVID-19 has a minimal direct impact on children's health, the risk of hunger and malnutrition increased for many children as a result of school closures and increased job losses and poverty, especially in regions such as the Sahel where the risk was always latent – in the process turning COVID-19 into a hunger and livelihood crisis.

In the light of the findings of this report, the ACERWC makes a number of recommendations. Directed at governments, development agencies, the media, Private sectors, and CSOs, they seek to ensure that national child care and protection systems are strengthened and that child-sensitive emergency response policies are in place to meet COVID-19 imperatives as articulated in the 2020 Guiding Note.

The recommendations, in outline, are as follows:

- **Develop child-sensitive, evidence- and rights-based mitigation and emergency response policies.**

Foreword by the ACERWC Chairperson

The African Committee of Experts on the Rights and Welfare of the Child (ACERWC) conducted a continental assessment of the impact of COVID-19 on the rights and welfare of children. The global response to the pandemic did not target children in particular but nevertheless impacted on them (and disproportionately so). The Committee observed that, as such, there were challenges with regard to upholding the rights and welfare of children within our beloved continent.

The Committee did not observe any deliberate attempts to curtail the rights of children: the challenges that were identified were an unfortunate consequence of measures imposed on society as a whole. However, the impact of these measures – of which school closures affected children most directly – has been considerable: missed instruction, no access to school meals, reduced protection of girls, and more. The lack of a comprehensive response mechanism for protecting children affects them in different ways, with the force of that impact differing according to individual circumstances.

Conversely, responses aimed at addressing the consequences of the COVID-19 measures on society as a whole, often from an economic perspective, without necessarily aiming at the protection of the children involved and taking their best interests into consideration, as is enjoined in the African Charter on the Rights and Welfare of the Child.

This report provides an overview of the situation of children in Africa during the COVID-19 pandemic and assesses the extent to which African Union Member States addressed children's needs. The findings shed light on the main challenges children faced in 2020 and the first three months of 2021. Among others, they were a lack of access to education, protection and health services; limited exercise of the right to participation; limited protection from discrimination; and limited adherence to the principle of the paramountcy of the best interests of the child. In particular, the assessment found that most of the fundamental rights of children, including their best interests, were either swept up into general approaches to the pandemic or tacitly ignored in the name of "the greater good".

The assessment thus seeks to draw the attention of Member States to the need to address the challenges that children face during public health crises. Doing so requires implementing child-specific protection systems premised on the best interests of the child and other child-protection principles.

The Committee also calls on Member States to expand consultation mechanisms with children's organisations, especially those in which children have a consultatory or decisive voice, in order to ensure that public health measures include a children's perspective. If developed, such mechanisms provide a window of opportunity for effective and holistic interventions for children during health crises, whether pandemic or local in nature.

I am sure the findings of the assessment will be useful in raising awareness of the challenges that children in Africa have faced in the era of COVID-19. The findings will also serve as a springboard motivating governments, inter-governmental organisations, policy-makers, practitioners, researchers, civil society organisations and others to renew their efforts in devising solutions and policies that will further the protection of the rights of children during the extraordinary (and not-so-extraordinary) health challenges the continent is bound to face again in the future.

Hon. Joseph Ndayisenga

Chairperson, African Committee of Experts on the Rights and Welfare of the Child

CHAPTER 1:

INTRODUCTION

1.1 Background and rationale

The COVID-19 pandemic has had devastating consequences for children's rights. It has also had grave physical, emotional and psychological effects on children in countries that instituted mandatory stay-at-home, lockdown or confinement measures.¹

The pandemic caused unprecedented disruption of all facets of life in the world at large and Africa in particular. Children who contract COVID-19 "seem to have fewer symptoms and lower mortality rates than other groups"; but measures to contain the virus have had immediate socio-economic impacts that affect them indirectly and directly.²

In April 2020, the United Nations (UN) stated that COVID-19 was having a calamitous impact on all 17 Sustainable Development Goals and threatening to set back years of progress on poverty, hunger, health care and education.³ It said that while the pandemic affects everyone, its worst effects are borne by the world's poorest and most vulnerable people. By implication, the consequences for Africa – and its large population of vulnerable children – are enormous.

In terms of infections, children in Africa are the least affected by the direct health impacts of COVID-19. However, as the most vulnerable members of society, they bear the brunt of the social and economic disruption it has brought about, in that it is they who are the most affected by its indirect impacts. Moreover, a significant portion of African children have been facing these impacts on top of already dire situations caused by conflict and poverty.

Cognizant of the consequences of COVID-19 for the rights and welfare of children in Africa, and noting the unprecedented nature of the pandemic and the measures taken to curb its spread, the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) has been responding to policy gaps in mitigating the crisis. Among other things, in April 2020 it developed a Guiding Note to Member States of the African Union (AU) on measures that should be taken to uphold children's rights during the pandemic.

The Guiding Note highlights the various ways in which children in Africa were being affected by COVID-19. It states that millions of children in Africa were likely to face increasing threats to their safety and well-being, including through exploitation, separation from families, and sexual and gender-based violence (SGBV). It also points out that, due to preventive measures, scores of children were out of school temporarily but at risk of permanent drop-out, especially those in vulnerable situations such as the girl child, children with disabilities, children living in rural areas, and children with economically disadvantaged parents.

The Guiding Note also warned that the pandemic was likely to have serious ill-effects on family functioning by limiting sources of income for households, resulting in limited access to adequate nutrition, health care, appropriate shelter, and other basic needs – which then would have immediate as well as longer-term consequences for children's rights to life, survival and development.

In view of these challenges, the ACERWC issued recommendations in the Guiding Note on measures that Member States should adapt so as to minimize COVID-19's impact on children and continue upholding the rights in the African Charter on the Rights and Welfare of the Child (ACRWC), all the time with the principle of the best interests of the child foremost in mind.

Following the issuance of the Guiding Note at its 35th Ordinary Session, which took place virtually from 31 August to 8 September 2020, the ACERWC conducted consultations with selected AU Member States, CSOs (CSOs), and representatives of children on efforts to curb the pandemic's impact on the rights and welfare of children. Among other things, the discussions highlighted challenges faced by Member States as well as good practices available on the continent.

As an outcome of the consultations, the ACERWC embarked on a continental assessment of the impact of COVID-19 on the rights and welfare of children. This assessment was undertaken in the context of the

1 Office of the United Nations High Commissioner for Human Rights (undated). "COVID-19 and Children's Rights". Retrieved from <https://www.ohchr.org/en/children/covid-19-and-childrens-rights>.

2 Office of the United Nations High Commissioner for Human Rights (2020). Child Rights and the 2030 Agenda for Sustainable Development, p. 9. Retrieved from <https://bit.ly/3btDn5k>.

3 Ibid.

ACERWC's cooperation with the GIZ-AGA programme, Strengthening Good Governance and Human Rights in Africa.

1.2 Objectives

The objectives of this assessment were to

- Assess the impact of the pandemic on the implementation of the relevant aspirations in Agenda 2040: Africa's Agenda for Children;
- Gather good practices on mitigating the impact of the pandemic on children;
- Predict the near-future impact of the pandemic based on the trends from the continent, as well as lessons learnt from other continents;
- Identify how children, particularly those in vulnerable situations, coped with the pandemic and its context;
- Assess if appropriate recovery programs, particularly for vulnerable children, are in place.
- Shed light on the possible post-COVID-19 socio-economic situation and its impact on the rights and welfare of children; and
- Provide recommendations in line with the urgent, medium and long-term needs of children.

1.3 Scope and methodology

Thematically, the assessment focused on areas the pandemic directly or indirectly has affected the most. These areas include: health; education; violence against children; family care; livelihoods and food security; birth registration; and children in vulnerable situations (girls, children with disabilities, children in conflict and crisis situations, children living on the street, and children on the move).

The sources for the assessment were policy papers and other documents from a variety of sources, among them the AU, the World Health Organization (WHO), UNICEF, the Africa Centers for Disease Control and Prevention, and a number of CSOs and non-governmental organisations (NGOs). These materials were reviewed and analyzed, and the information gleaned from them supplemented with additional data collected in key informant interviews.

1.4 Limitations

The assessment examined only facts between 1 March 2020 – following WHO's official declaration of the existence of a pandemic – and the end of February 2021. That cut-off date was chosen to coincide with the emergence of vaccines, which marked a new era in the fight against the pandemic.

The main limitation of the study was the weak response to requests for primary data. Of the more than 150 representatives of governments, CSOs and NGOs and other practitioners in the field of children's rights and welfare who were invited to contribute, only 12 responded, despite numerous follow-ups with potential respondents.

1.5 Structure of the report

Chapter 2: The COVID-19 Pandemic and Children examines the legal framework defined by the ACRWC and the 'normative gap' that emerged between this framework and the AU's aspirations, on the one hand, and the realities of the pandemic, on the other.

Chapter 3: Findings and Analysis outlines the impact of COVID-19 using examples from different Member States. It is structured around various aspects of children's lives: their physical and mental health; nutrition and food; education; play; and participation in decision-making.

Chapter 4: Conclusions and Recommendations draws conclusions from the findings and proceeds to recommend potential remedies and action points to be taken up by governments, civil society, education-related actors, and other stakeholders.

CHAPTER 2:

THE COVID-19 PANDEMIC AND CHILDREN

2.1 Overview

Africa has taken a global lead in setting standards for children's rights in a regional context, as it is the only continent with a region-specific child rights instrument, the ACRWC. In 2016, the ACERWC looked 25 years into the future with Africa's "Agenda for Children 2040: Fostering an Africa Fit for Children", which assesses achievements and challenges in implementing the Charter. In 2018, the ACERWC adopted General Comment No. 5 to guide the implementation of children's rights by State Parties.

When COVID-19 hit the continent, child rights were affected, making it imperative to examine the extent to which the standards contained in the regional frameworks for child rights would be of significance to African states and how states would ensure that their actions did not undermine the standards contained in those frameworks.

2.2 General measures of implementation of children's rights

Article 1, ACRWC (Obligation of State Parties)

1. Member States of the Organization of African Unity Parties to the present Charter shall recognize the rights, freedoms and duties enshrined in this Charter and shall undertake to the necessary steps, in accordance with their Constitutional processes and with the provisions of the present Charter, to adopt such legislative or other measures as may be necessary to give effect to the provisions of this Charter.
2. Nothing in this Charter shall affect any provisions that are more conducive to the realization of the rights and welfare of the child contained in the law of a State Party or in any other international Convention or agreement in force in that State.
3. Any custom, tradition, cultural or religious practice that is inconsistent with the rights, duties and obligations contained in the present Charter shall to the extent of such inconsistency be discouraged.

The protection of children's rights is not only about human rights but also about the impact that violations of human rights have on the development and well-being of children.⁴ In 2018, in line with Article 1 of the ACRWC, which requires State Parties to undertake legislative and other measures for the effective implementation of the rights contained therein, the ACERWC adopted General Comment No. 5 to expound on these obligations, which are referred to as general measures of implementation.⁵

Besides setting out the general measures, the General Comment interprets the concept of strengthening child protection systems. Here, the ACERWC acknowledges the fiscal realities of African countries, particularly the fact that social spending proceeds from a low base, but notes that states are not permitted to claim they do not have any resources for the implementation of social and economic goods for the fulfillment of children's rights; instead, they are urged to comply at least with previously agreed targets relating to social spending irrespective of their economic resource base.⁶ The General Comment also grants the ACERWC the power to

⁴ African Child Policy Forum (2018). The African Report on Child Wellbeing: Progress in the Child-Friendliness of African Governments. Retrieved from <https://bit.ly/3oPZXJA>.

⁵ ACERWC (2018). General Comment No. 5 on Article 1 of the ACRWC, on State Party Obligations under the ACRWC and Systems Strengthening for Child Protection. A similar General Comment had been adopted by the CRC Committee in 2003 (see CRC/C/GC/5). The latter Committee also adopted General Comment No. 19 on Public Budgeting for the Realization of Children's Rights (see CRC/C/GC/19).

⁶ The target set for each state is 15 percent of gross domestic product (GDP) on health; 9 percent of GDP on education; and

scrutinize any claims that the non-fulfillment of rights is due to non-availability of resources, and expects states to show rapid progress in extending the reach and impact of rights deliverables to children, with a special focus on the most marginalised and excluded groups.⁷

Most importantly with regard to this assessment, the General Comment considers retrogressive measures, which cut back on rights already enjoyed, as contrary to international law, except where sound justification is provided during times of emergency or significant recession.⁸ Accordingly, where states are struck by an emergency, they may be allowed some latitude for a diminished level of implementation of children's rights. This, however, must not be understood as permission for them to abrogate their obligations under the ACRWC. Rather, the General Comment is acknowledging that an emergency might make it difficult in practice for certain rights to be implemented in the same way as when there is no emergency.

By the same reasoning, COVID-19, as a pandemic and a public emergency, has had an impact on various rights under the ACRWC, but states nevertheless must not lose sight of the fact that the core and universally accepted obligation to respect, protect, promote and fulfil children's rights applies, equally in respect of the implementation of the ACRWC as a whole,⁹ irrespective of the circumstances.

Overall, General Comment No. 5 establishes four general principles of child rights, groups the rights under the ACRWC into nine clusters, and lays down the constituent elements of a systems-strengthening approach to child protection; together, these principles, clusters of rights, and the systems-strengthening approach form the lens through which the implementation of the ACRWC should be envisioned.

The General Comment recognises, furthermore, that the interpretation of Article 1 of the ACRWC is undertaken against the backdrop of other regional policy frameworks. Chief among them are Africa's Agenda 2040 for Children,¹⁰ which sets out ten aspirations for the achievement of an Africa fit for children, and the AU's Agenda 2063: The Africa We Want, which is the continent's strategic framework for inclusive and sustainable development.¹¹

These documents can be described as the propellers of child-rights implementation, and there has been no better time to test their effectiveness in compelling states to act in the best interests of children than in the context of the emergency occasioned by the COVID-19 pandemic. As such, the nine clusters under the ACRWC's General Comment No. 5, supported by the aspirations under Africa's Agenda 2040 for Children, form the framework for the analysis in this assessment report.

2.3 The four cardinal principles of child rights

As indicated above, General Comment No. 5 on Article 1 of the ACRWC provides for four key principles that states are supposed to take into account in the implementation of the rights contained in the ACRWC: non-discrimination; the best interests of the child; the right to survival and development and protection; and respect for the views of the child (the right to participation). Thus, whether or not there is an emergency, actions taken by states should be seen through the lens of these four principles.

2.3.1 The principle of non-discrimination: Article 3, ACRWC

The principle of non-discrimination places an obligation on State Parties to provide equal treatment and opportunities to children. States are required to respect children's rights and ensure that they are implemented

20 percent of overseas development assistance on basic social services.

⁷ ACERWC (2018). General Comment No. 5 on Article 1 of the ACRWC, on State Party Obligations under the ACRWC and Systems Strengthening for Child Protection., para. 3.10.

⁸ Ibid.

⁹ Ibid., para. 3.5.

¹⁰ ACERWC (2016). Africa's Agenda for Children 2040: Fostering an Africa Fit for Children. Retrieved from <https://bit.ly/3uPDfoD>.

¹¹ African Union Commission (2015). Agenda 2063: The Africa We Want. Retrieved from <https://bit.ly/36gzZIF>. Aspiration Six is for "[a]n Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children".

without discrimination of any kind, irrespective of the child's parentage or legal guardianship, race, ethnicity, colour, sex, language, religion, political or other opinion, national and social origin, fortune, birth, or other status.¹²

The ACERWC has indicated previously that the right to non-discrimination is non-derogable and does not allow trade-off decisions and practices.¹³ This principle, however, sometimes accommodates favorable differential treatment of children with special needs and children with disabilities, treatment referred to as positive discrimination. State Parties are required to actively identify individual children and groups of children in respect of whom the realization of their rights may demand special measures, including the poorest and most marginalized of Africa's children (rural children of imprisoned mothers, children on the move).¹⁴

Thus, when assessing the implementation of children's rights during the COVID-19 pandemic, it is important to examine whether or not states have actively sought to ensure that the most marginalized children are not left behind.

2.3.2 The best interests of the child: Article 4(1), ACRWC

The principle of the best interests of the child has been embraced as the primary consideration in all matters concerning children. An innovative concept introduced by the UN Convention on the Rights of the Child (CRC) and subsequently adopted by the ACRWC,¹⁵ It serves as a foundational element to both the ACRWC and CRC. The CRC Committee interprets the best interests' principle as a threefold concept: a substantive right, a fundamental interpretive legal principle, and a rule of procedure when decisions involving children are made.¹⁶

Despite its primacy, this principle is generally insufficiently integrated into policies, programs and decision-making processes.¹⁷ It would hence be instructive to see how it has been integrated into policies and actions in the context of COVID-19.

2.3.3 The right to life, survival and development: Article 5, ACRWC

Every child is entitled to life, survival and development. General Comment No. 5 of the ACERWC requires that this principle be understood in its broadest sense as a holistic concept, one embracing the child's physical, mental, spiritual, moral, psychological and social development. As such, implementation of the rights of children, even during a public health emergency such as the COVID-19 pandemic, should be aimed at achieving the optimal development for the children.

2.3.4 The right to participation: Articles 4(2) and 7, ACRWC

The principle of respect for the views of the child requires that children should be able to express their views freely in all matters affecting them and that those views must be given due weight. General Comment No. 5 of the ACERWC underlines the role of the child as an active participant in the promotion, protection and monitoring of his or her rights.

It is important that children are actively engaged as partners in protecting themselves every day, including in the implementation of COVID-19 programmes.

¹² ACRWC, Article 3; CRC, Article 2.

¹³ ACERWC decision on South Sudan.

¹⁴ ACERWC (2018). General Comment No. 5 on Article 1 of the ACRWC, on State Party Obligations under the ACRWC and Systems Strengthening for Child Protection, para. 4.1.

¹⁵ The CRC Committee explains this principle in its General Comment No. 14 of 2013, on the right of the child to have his or her best interests taken as a primary consideration.

¹⁶ Ibid.

¹⁷ UNCRC. Concluding Observations: Egypt, CRC/C/EGY/CO/3-4, 15 July 2011, paras. 36 and 37. See also UNCRC, Concluding observations: Morocco, CRC/C/MAR/CO/3-4, para. 26.

2.4 Agenda for Children 2040 and its Aspirations

In 2015, the ACERWC adopted “Africa’s Agenda for Children 2040: Fostering an Africa Fit for Children”, which lays down 10 aspirations for the rights and well-being of children. The goal of Agenda 2040 for Children is to accelerate efforts to implement the ACRWC, restore the dignity of African children, and improve their lives on the continent.

Agenda 2040 elaborates on the vision of Agenda 2063 in respect of children. As the regional strategic framework for achieving the goal of inclusive and sustainable development, Agenda 2063 requires that “African children shall be empowered through the full implementation of the ACRWC.”¹⁸

While it might be demanding enough to work towards achieving these aspirations even under normal circumstances, the COVID-19 pandemic has put the implementation of Agenda 2040 to test in the context of a public health emergency.

Agenda 2040’s aspirations are accompanied by actions that states should take to ensure their realization. Such actions are of two kinds: institutional and substantive. In assessing specific rights, this report has taken the substantive aspirations (aspirations 3–10) as representing the ultimate vision for Africa’s children.

Table 1: Agenda 2040 Aspirations

Aspiration 1	The ACRWC, as supervised by the ACERWC, provides an effective continental framework for advancing children’s rights.
Aspiration 2	An effective child-friendly national legislative, policy and institutional framework is in place in all Member States.
Aspiration 3	Every child’s birth and other vital statistics are registered.
Aspiration 4	Every child survives and has a healthy childhood.
Aspiration 5	Every child grows up well-nourished and with access to the basic necessities of life.
Aspiration 6	Every child benefits fully from quality education.
Aspiration 7	Every child is protected against violence, exploitation, neglect and abuse.
Aspiration 8	Children benefit from a child-sensitive criminal justice system.
Aspiration 9	Every child is free from the impact of armed conflicts and other disasters or emergency situations.
Aspiration 10	African children’s views matter.

2.5 The “NORMATIVE GAP”

Almost immediately after the first pandemic containment and mitigation measures were declared in early 2020, observers pointed to what was termed a growing “normative gap”. Human rights are intended to define the thresholds at which human dignity is threatened or violated. A normative gap obtains, on the one hand, when there is no such definition or the definition is inadequate, or, on other hand, if the normative framework exists but the measures imposed by governments are not far-reaching enough to give effect to it or, indeed, curtail the freedoms enshrined in constitutions and charters alike.

Despite Africa’s impressive policy framework on children, when COVID-19 hit the continent, a gap was observed between the most important issues of the ACRWC and Agenda 2040, on the one hand, and the

¹⁸ African Union Commission (2015). Agenda 2063: The Africa We Want, para. 53. Retrieved from <https://bit.ly/36gzZIF>.

COVID-19 measures that were implemented, on the other.

In February 2020, the UN, recognising this looming global problem, urged action in a Call for Action. To address the normative gap, on 8 April 2020 the ACERWC adopted its Guiding Note on Children's Rights during COVID-19.

2.6 The ACERWC's COVID-19 Guiding Note

In its Guiding Note (April 2020),¹⁹ the ACERWC expresses its grave concern at the global outbreak of COVID-19 and its devastating impact on the rights and welfare of children in Africa.

The ACERWC at the time already emphasised that, beyond the pandemic's immediate impact on children's health and that of their parents or caregivers, the social and economic disruption it wrought was harming children's rights and welfare and was likely to have a devastating effect on family functioning by limiting sources of income for households.

This, said the Committee, would result in limited access to adequate nutritious food, health care, appropriate shelter and other basic needs, which in turn would have immediate as well as longer-term consequences for children's rights to life, survival and development.

Against the backdrop of this diagnosis, and reiterating states' obligations under the ACRWC to ensure the survival, protection and development of children and enable them to enjoy the best attainable state of physical, mental and spiritual health, the ACERWC urged AU Member States to integrate the following child protection measures in their responses to COVID-19:

- Establish child friendly information and communication procedures.
- Establish child-friendly quarantine procedures and environments.
- Ensure every child's right to education.
- Ensure continued provision of essential services which are crucial to the life, survival and development of children.
- Ensure that children enjoy their right to parental care and protection.
- Tailor responses to the special vulnerabilities of the concerned group of children.

¹⁹ ACERWC (2020). COVID-19 and Its Implications [for] Children's Rights and Welfare: Guiding Note to Member States of the African Union. Retrieved from <https://bit.ly/3GRuvAw>.

CHAPTER THREE:

FINDINGS AND ANALYSIS

3.1 COVID-19's impact on specific rights

Countries across Africa have committed to a rights-based sustainable-development agenda. Through their adoption of Agenda 2063: The Africa We Want, Agenda 2040: Africa's Agenda for Children, and the SDGs, they have made a commitment to realizing children's interrelated rights in combination in order to ensure that children can develop to their full potential; in so doing, states have undertaken to build the continent's human capital so as to secure inclusive, sustainable development.

Health + nutrition + education = human capital foundation

"Human capital is the knowledge and skills that people accrue throughout their lives that allow them to maximize their potential and contributions to society and the economy."²⁰

It is for this reason that General Comment No. 5 on State Party Obligations under the ACRWC (Article 1) and Systems-Strengthening for Child Protection enjoins states to adopt a systemic approach to achieving children's optimal development. It calls for a holistic, coordinated state-wide response, one that is effected through a multi-sectoral child care and protection system which is capable of delivering services across the life-course of the child to equalize and optimize his or her development.

Three developmentally critical rights are nutrition, education and health. However, even before the outbreak of COVID-19, these were areas where children in Africa experienced persistent deprivations despite the gains that states had made.

- In the case of **nutrition**, before COVID-19, one out of three children under 5 years was stunted, a statistic that, according to UNICEF, "translates into more than 60 million underdeveloped bodies and brains."²¹
- As regards **education**, one in three of Africa's approximately 100 million children were out of school. At the beginning of 2020, about 70% of pre-primary children, and 20% of primary school-age children, were not in school.²²
- On the **health** front, the continent has made significant progress in reducing preventable child mortality, but the scale of mortality at the start of 2020 was still enormous.

UNICEF records that "[a]bout 100,000 children per year in **Angola** and **Tanzania**, close to 200,000 in **Ethiopia** and 300,000 in the **DRC**, and more than 850,000 in **Nigeria** [perished]," mostly "due to birth complications, pneumonia, diarrhoea and malaria, which can be prevented or treated with simple and affordable interventions."²³

The pandemic has largely reversed gains made in nutrition, education and health and deepened pre-existing inequities and exclusions – a turn of events with long-term adverse consequences for the development of Africa's children and sustainable development at the national and continental levels.

20 UNICEF (2020). "COVID-19: A Catastrophe for Children in Sub-Saharan Africa – Cash Transfers and a Marshall Plan can Help". Retrieved from <https://uni.cf/3HS1iXv>.

21 Ibid.

22 Ibid.

23 Ibid.

3.1. A Health and welfare

Children infected by COVID-19 appear to suffer fewer symptoms and lower mortality rates than other demographic groups,²⁴ but the pandemic, and the responses adopted to counter it, have had the effect of impairing their health and welfare indirectly and in the long term.

In particular, the combination of under-resourced health systems and a massive shift in priorities to address cases of infection and impose measures to curb the transmission of the virus meant that children often faced limited – sometimes severely disrupted – access to health services and quality of care. As a result, their health needs went under-served; moreover, they were placed at a heightened risk of contracting a range of non-COVID-related diseases prevalent in Africa.

As the corona-virus spread across Africa in 2020, it put the continent’s health facilities under enormous strain by increasing demand on what Save the Children termed “an already fragile and overwhelmed healthcare system”²⁵ Citing WHO statistics, the organization noted that “Africa suffers more than 22% of the global burden of disease but has access to only 3% of healthcare workers and less than 1% of the world’s financial resources”; indeed, the readiness assessments of 34 African countries “revealed a lack of personal protective equipment (PPEs), few treatment centers and an absence of critical care facilities.”²⁶

Under the pressure of increased demand on them, health systems often responded by diverting resources from routine essential services and channeling them into the effort to combat COVID-19 – with adverse consequences for children. Save the Children reported that

*[i]n many countries, routine immunizations, antenatal care and other sexual and reproductive healthcare services and services to stop children dying from preventable diseases like malaria, diarrhea or pneumonia ... [were] disrupted or de-prioritised due to lack of human resources, medical supplies or social distancing measures required in managing [the] COVID-19 outbreak.*²⁷

In **Kenya** and **Ethiopia**, for example, essential health services were suspended, with patients in need of them being turned away; in other countries, such as **Uganda**, the reduction of public transportation limited access to health facilities and preventative medicine. Restrictions of this kind added a gender dimension to the impact of COVID-19, given that

[t]he implementation of no-movement and curfew guidelines seriously impact[ed] pregnant women and girls in accessing critical [gender-specific] health services [such as those related to family planning, maternity care, and sexual and reproductive health], as well as making access expensive and risky due to lack of safe means of transportation during curfew hours.

Furthermore, challenges in accessing health services were compounded by the fact that in most African countries health care is not free of charge. Out-of-pocket payments were thus an especially heavy burden for the poor, given the worsening of their circumstances due to the economic impacts of the pandemic and its containment.

This amalgam of factors not only worked to the detriment of children’s immediate health needs but also increased their exposure to the risk of non-COVID-related vaccine-preventable diseases such as cholera and measles. For instance, an analysis by the WHO estimated that “COVID-19 disruptions to preventive and primary healthcare could result in up to 769 000 Malaria-related deaths in 2020, twice the deaths reported in 2018.”²⁸

24 Office of the United Nations High Commissioner for Human Rights (undated). “COVID-19 and Children’s Rights”. Retrieved from <https://www.ohchr.org/en/children/covid-19-and-childrens-rights>.

25 Save the Children (2020). COVID-19 Impacts on African Children, p. 8. Retrieved from <https://bit.ly/39mVB87>.

26 Ibid.

27 Ibid.

28 Ibid.

“While the response [to COVID-19] is critical, national health systems need to continue to guarantee access to essential quality health services that are crucial for child survival.”²⁹

3.1.B Mental health

COVID-19 also affected children’s mental health. As Ted Chaiban, UNICEF’s regional director in the Middle East and North Africa, noted, “Restrictions on movement and closure of schools had a severe impact on children’s daily routines, their social interactions, and ultimately their mental well-being.”³⁰

A study by World Vision examined the pandemic’s psychological impact on children and young people in **East Africa**, finding that “[t]he threat of contracting the virus, combined with the indirect economic and social effects ... affected the mental health of children and young people, their families and community members.”³¹ Participants said they felt isolated because they could not interact with friends and other community members, and were worried about their economic plight and the danger of contracting the virus. According to the study,

*58% of children and young people [72 out of 123] pointed out that the preventative measures to stop the spread of the virus, particularly school closures and social distancing measures, led to a reduction of their peer networks and caused them to feel isolated.*³²

“[W]e are not able to go to school, we are not able to play. At home, it’s like loneliness, and we are afraid that this pandemic could affect us and our relatives. We do not know when schools will reopen, and we are not happy because we will repeat classes. There is no hope that this pandemic will be stopped so that we can enjoy our full rights again.” -- Valerie, 14, female, Rwanda³³

Another study identified similar trends in **West and Central Africa**:

- 90% of children participating in the study “reported an increase in negative feelings due to the COVID-19 pandemic”;
- Children aged 11–17 “reported negative feelings such as worry, anxiety, sadness and fear”;
- The findings were “relatively similar for boys (91%) and girls (89%), for residents of urban areas (92%) and rural areas (89%), for children with disability (91%) and children without disability (90%)”;
- Over 64% of parents or caregivers said their children’s psychosocial well-being had decreased “due to frequent negative feelings throughout the pandemic period”;
- More than 50% of children said they were feeling “depressed, nervous, worthless, lonely and restless more so than before the COVID-19 pandemic”;
- School closures and enforced confinement reduced “opportunities for learning and interaction with friends. At the same time, reports violence and domestic labour increased.”³⁴

3.1.C Nutrition and access to food

In 2020, millions of children faced nutritional deprivation when school closures throughout Africa led to the

29 Ibid.

30 Arab News (21 November 2020). “Pandemic Tough on Millions of Mideast, N African Children, says UN”. Retrieved from <https://arab.news/zb9rz>.

31 Padilla, K and Bernheim, R (2020). Act Now: Experiences and Recommendations of Girls and Boys in East Africa on the Impact of COVID-19. World Vision, p. 17. Retrieved from <https://bit.ly/3HcfCux>.

32 Ibid.

33 Ibid.

34 Save the Children (2021). The Impact of Covid-19 on Children in West and Central Africa: Learning from 2020, p. 16. Retrieved from <https://bit.ly/3zMmkpv>.

suspension of the feeding programmes on which many rely for their daily meals. Since then, millions, too, have experienced an incremental and less direct version of this predicament, with their access to nutrition becoming more precarious over time as a result of the pandemic's impact on intertwined global, national and local economies.

COVID-19 has thus aggravated food insecurity in Africa, in the process undermining children's enjoyment of their rights under Article 5 of the ACRWC to survival and development, as well as those under Article 14(1)(c) on the provision of adequate nutrition, and setting back the continent's efforts to achieve its developmental goals.

Food insecurity refers to "the lack of secure access to sufficient amounts of safe and nutritious food for normal human growth and development and an active and healthy life."³⁵ According to the Global Network Against Food Crises, "For people to be food secure, food must be both consistently **available** and **accessible** in sufficient quantities and diversity and households must be able to utilize (store, cook, prepare and share) the food in a way that has a positive nutritional impact."³⁶ Drivers of food insecurity include conflict or instability, extreme weather, and macro- and micro-economic shocks – the broad result of these shocks is that they weaken the ability of households to buy essential foodstuffs.

Despite improvements in the past decades, food insecurity continues to be a serious problem in Africa, with some of the continent's regions being among the most food-insecure parts of the world – a situation exacerbated by COVID-19, as estimates by the Global Network Against Food Crises show.

- In 2019, prior to the pandemic, more than 12.3 million people in **West Africa and the Sahel** (including Cameroon),³⁷ over 27 million in **East Africa**,³⁸ and over 30 million in **Southern Africa** (a total of 69.3 million),³⁹ were in a state of acute food crisis or worse (IPC Phase 3 or above).
- In 2020, 24.8 million people in **West Africa and the Sahel**,⁴⁰ 32.9 million in **East Africa**,⁴¹ and 40.2 million in **Central and Southern Africa** (a total of 97.9 million),⁴² were in acute food crisis or worse.
- In 2021, 30.4 million people in **West Africa and the Sahel**,⁴³ 43.59 million in **East Africa**,⁴⁴ and 45.56 million in **Central and Southern Africa** (a total of 119.55 million),⁴⁵ were in acute food crisis or worse.

Conflict or instability remain central drivers of regional food insecurity, but the impacts of COVID-19 are clearly at work in the deterioration seen over the three years from 2019 to 2021. Arguably, children in particular were affected most directly in this regard by the closure of schools across the continent and the attendant loss or limitation of access to school-based feeding programmes. The situation is illustrated by a respondent in this assessment:

*With school closures for protracted periods in **Tunisia**, 250,000 children missed out on their school lunches – and when the measures changed to classes on alternating days, their main meal was served only one day in two.*⁴⁶

In East and Southern Africa, for instance, "an estimated 3.5 million children [were] no longer receiving school meals due to school closures"⁴⁷ Globally, according to the World Food Programme,

[a]t the height of the crisis, 199 countries had closed their schools and 370 million

35 Global Network Against Food Crises (2020). 2020 Global Report on Food Crises, p. 11. Retrieved from <https://bit.ly/3HuERIO>.

36 Ibid.

37 Ibid., p. 37.

38 Ibid., p. 30.

39 Ibid., p. 34.

40 Global Network Against Food Crises (2021). 2021 Global Report on Food Crises, p. 57. Retrieved from <https://bit.ly/39t-14Kx>.

41 Ibid., p. 46.

42 Ibid., p. 35.

43 Global Network Against Food Crises (2022). 2022 Global Report on Food Crises, p. 48. Retrieved from <https://bit.ly/3N0Y3ii>.

44 Ibid., p. 41.

45 Ibid., p. 35.

46 Representative of the Tunisian Association for the Defense of Children's Rights.

47 Save the Children (2020). COVID-19 Impacts on African Children, p. 12. Retrieved from <https://bit.ly/39mVB87>.

children were suddenly deprived of what for many was their main meal of the day.⁴⁸

However, what has undermined African children's food security more pervasively are the economic shocks associated with COVID-19. Movement restrictions, closure of borders and marketplaces, and other containment measures led to an unprecedented contraction of economic activity worldwide. This resulted in supply-chain disruptions in the production and distribution of food, in addition to loss of livelihoods, rises in unemployment, decreases in income and household purchasing power, and – overall – massive economic downturn with far-reaching repercussions.

These and other factors, such as hikes in food prices, impacted negatively on food availability and accessibility, thus increasing food insecurity and placing vulnerable children at a heightened risk of experiencing malnutrition and the long-term developmental deficits that are correlated with it.

“To find something to eat was very difficult, even for those who had money, as they could not go out to buy anything. It seems that poor people had difficulty finding something to eat, even if the government tried to do their best to provide food to those people. But it was not enough; it was worse for us children to stay home in such a situation” – Mignonne, 13-year-old girl, Rwanda⁴⁹

At the macro-economic level, Africa remained strongly dependent on the outside world for food at a time when domestic food production slumped. About 85% of its food was imported from outside the continent between 2016 and 2018, a trend that continued in 2020 and exposed African countries to global supply-chain disruptions and attendant price hikes and delays in deliveries.⁵⁰

UNCTAD said “[t]his heavy reliance on world markets is detrimental to food security, especially at a time of acute crisis.”⁵¹

Research the organisation did at the height of the pandemic in turn shed light on internal food production in Africa. A modelling exercise on COVID-19's effects on Africa's trade with the rest of the world demonstrated that one of the hardest-hit sectors were African net food exporters, “who not only faced low export volumes due to depressed world demand, but also a productivity slump.”⁵²

“The [study] results linked to Article 5 [of the ACRWC] showed clear perceptions of violations of children's right to life [under Article 5 of the ACRWC], as according to study participants, some states had not ensured the availability of affordable food ... to the population during the pandemic.” – Save the Children⁵³

At the micro-economic and household level, the impact of these challenges were “felt particularly strongly by low-income households and those working in the informal economy, due to their loss of livelihoods and inability to access markets.”⁵⁴

In this regard, a study in 2020 by Save the Children found that, among other things:

- **1 in 3 (35%) children report[ed] eating food less than before the pandemic.**
- **Barriers to accessing food or medicine were reported by 4 in 5 (81%) parents and caregivers.**
- **[F]ood was too expensive for 1 in 2 (52%) households.**

48 World Food Programme (2020). The Impact of COVID-19 on School Feeding around the World, p. ix. Retrieved from <https://docs.wfp.org/api/documents/WFP-0000127651/download/>.

49 Padilla, K and Bernheim, R (2020). Act Now: Experiences and Recommendations of Girls and Boys in East Africa on the Impact of COVID-19. World Vision, p. 16. Retrieved from <https://bit.ly/3HcfCux>.

50 Akiwumi, P (2020). “COVID-19: A Threat to Food Security in Africa”. UNCTAD. Retrieved from <https://unctad.org/news/covid-19-threat-food-security-africa>.

51 Ibid.

52 Ibid.

53 Ibid.

54 Ibid.

- Two-thirds (65%) of the households report[ed] needing money or voucher support, 1 in 5 (19%) respondents reported needing, financial advice/support, and 38% needed job/employment support coming out of the pandemic to support their livelihoods.⁵⁵

3.1.D Education

Article 11 of the ACRWC provides that “[e]very child shall have the right to education” and that such education shall be directed to “the promotion and development of the child’s personality, talents and mental and physical abilities to their fullest potential.” Ideally, education should be free, compulsory and inclusive. However, the COVID-19 crisis has put the global community’s pledge under the SDGs –as well the provisions of Aspiration 6 of Agenda 2040 and the targets in the Continental Education Strategy for Africa 2016–2025 – to realise the right to quality education for all children at serious risk.⁵⁶

In mid-April 2020, at the height of the lockdowns in force on the continent, more than 262.5 million children – or over one-fifth of Africa’s total population – were out of school as a result of COVID-19.⁵⁷ Schools were closed nationwide across all countries in Africa in a bid to contain the pandemic, in some cases for a few weeks, and in others, intermittently or for protracted, even indefinite, periods of time. In the absence of fully viable alternative systems of teaching, prolonged school closures severely compromised millions of children’s right to education.⁵⁸

This in turn has aggravated Africa’s “severe learning crisis”⁵⁹ in a context where, even before COVID-19, “the majority of the continent had the highest rates of education exclusion, with more than one-fifth of children aged 6–11 years out of school in normal times.”⁶⁰

Indeed, concerns about school closures focused not only on learning loss and how children would continue to receive an education during the pandemic, but on how many of them would go back to school once the gates reopened. The issue of dropout is all the more relevant given that COVID-19 has underlined the cardinal importance of the role that schools play in communities as places of safety and development affording children, girls in particular, a haven from potential abuse and exploitation in the home and the wider world.

As Save the Children observed in 2020,

*[t]he real risk is to have too many children not returning to school after the pandemic, with a particular risk for the most vulnerable groups, for whom school may no longer be a priority when it comes to survival in the true sense of the word. This is particularly true in countries that have already been suffering from decades of humanitarian crises like **Democratic Republic of Congo (DRC), South Sudan, Nigeria, Mali, Mozambique** etc. In these contexts, children have already missed substantial periods of learning. In West and Central Africa, over two million children were already out of the system due to insecurity before the pandemic.*⁶¹

To compensate for school closures and provide for continuity of schooling, by June 2020 more than two-thirds of African countries⁶² had adopted technology-based mechanisms to facilitate remote, or virtual, learning via differing combinations of television programming and online platforms. However, in the case of online learning especially, this proved to be a significant challenge almost universally across the continent, one that brought into relief the barriers of access to information communication technology (ICT) that children in Africa face and deepened pre-existing spatial, socio-economic and gender inequalities among them.

As much as technology “provides a means of widening participation to population segments that have traditionally been excluded from learning such as children in hard-to-reach areas and children living with disabili-

55 Dulieu, N and Burgess, M (2020). The Hidden Impact of COVID-19 on Child Rights. Save the Children International, p. 23. Retrieved from <https://bit.ly/3y1oWp6>.

56 Save the Children (2020). COVID-19 Impacts on African Children, p. 10. Retrieved from <https://bit.ly/39mVB87>.

57 Ibid.

58 Ibid.

59 World Bank (2018). “Africa Can Tackle Its ‘Severe Learning Crisis’, Needs to Focus on Access and Quality, Says World Bank”. Retrieved from <https://bit.ly/3HwbohV>.

60 Save the Children (2020). COVID-19 Impacts on African Children, p. 10. Retrieved from <https://bit.ly/39mVB87>.

61 Ibid., p. 11.

62 African Child Policy Forum (ACPF) and Plan International (2020). Under Siege: Impact of COVID-19 on Girls in Africa, p. 18. Retrieved from <https://reliefweb.int/report/world/under-siege-impact-covid-19-girls-africa>.

ties;⁶³ the hurdle for Africa has been that remote areas lack access to modern technology, making it impossible for virtual learning to be employed there during a pandemic like COVID-19.

“The President says the Government will distribute TVs to villages to help children learn. But some villages don’t even have electricity. What will be done to help them?” – Neema, 15, Kakiri (Uganda)⁶⁴

Barriers to accessing the ICT technology necessary for online learning are, of course, not only spatial or geographical but, given the user-side costs and skills involved, socio-economic as well as gendered. One situational analysis of these dimensions of ICT barriers found that

[i]ncreased digitalisation of schooling is likely to widen inequalities between boys and girls, as girls from poor economic backgrounds are least likely to have access to smartphones, television, and the internet ... Boys are 1.5 times more likely to own a phone than girls in low- and middle-income countries and are 1.8 times more likely to own a smartphone that can access the internet. Even where smartphones and the internet are accessible, the cost associated with using internet data is prohibitively high for many girls.⁶⁵

Likewise, in a UNICEF study of ICT skills among young people in Africa,

[a] key finding is that in most of the countries analysed, girls face disadvantages in acquiring ICT skills, whether in school or at home ... [I]n Ghana, [for example,] 16 percent of adolescent boys possess ICT skills compared to only 7 percent of adolescent girls.

Adolescents who are not equipped with ICT skills will have difficulty navigating online learning platforms and are at risk of not being able to access online services as adults. It is vital that all children be equipped with ICT skills, and that the digital gender divide be closed, particularly given the importance of remote learning during the COVID-19 pandemic.⁶⁶

But gender dynamics are at work too in the harshest aspects of COVID-19’s impact on the continent’s children of school going age. As previous health crises in Africa suggest, prolonged school closures make girls’ return to school more difficult and expose girls disproportionately to domestic, gender-based, and sexual violence. After the Ebola crisis, for example, “the share of girls not attending school nearly tripled in Liberia, and girls were 25 percent less likely than boys to re-enroll in Guinea.”⁶⁷

In a review of studies on rates of return to school after the closures of 2020, the Brookings Institute suggests that comparative statistics for boys versus girls often belie more harmful trends that become apparent when the focus shifts from girls in general to adolescent girls in particular.⁶⁸ In **Senegal** and **Ghana**, for instance, overall dropout rates were low, at 1.6 and 2 percent, respectively; moreover, in Senegal, the dropout rate for boys and girls was the same, while in Ghana it was boys rather than girls who were more likely to have dropped out.⁶⁹ The review goes on to say:

Although the aggregate statistics suggest that decades of efforts to normalize

63 Save the Children (2020). COVID-19 Impacts on African Children, p. 5. Retrieved from <https://bit.ly/39mVB87>.

64 Joining Forces (2020). Children in Uganda Speak out on COVID-19, p. 1. Retrieved from <https://bit.ly/3Oo7gCo>.

65 African Child Policy Forum (ACPF) and Plan International (2020). Under Siege: Impact of COVID-19 on Girls in Africa, pp. 18–19. Retrieved from <https://reliefweb.int/report/world/under-siege-impact-covid-19-girls-africa>.

66 Amaro, D, et al. (2020). “COVID-19 and Education: The Digital Gender Divide among Adolescents in Sub-Saharan Africa”. UNICEF. Retrieved from <https://uni.cf/39BZVAy>.

67 The Business Standard (21 July 2020). “The Covid-19 Gender Gap”. Retrieved from <https://bit.ly/3MYvPoh>.

68 Kwauk, C, Schmidt, D, and Ganju, E (2021). “What Do We Know about the Effects of COVID-19 on Girls’ Return to School?”. Brookings Institute. Retrieved from <https://brook.gs/3y3Lrnr>.

69 Ibid.

girls' education are paying off, when you zoom in on adolescent girls, a more somber story emerges.

For many girls, COVID-19's associated economic crises exacerbated gender inequalities that are more acute among older adolescents—from increased limitations on their freedom of movement to the need to care for younger siblings and perform household chores to the likelihood of being married off to relieve pressure on sparse household resources.⁷⁰

Challenges like these are reflected in more pronounced gender differences. For example:

- In **Uganda**, 18 percent of grade 12 girls, compared to 2 percent of grade 12 boys, failed to return when schools reopened after a closure of six months.⁷¹
- In **Kenya**, a survey of 4,000 adolescents in urban settlements and rural counties found that 16 percent of vulnerable girls, compared to 8 percent of adolescent girls, did not return.⁷²

The same Kenyan study above also made the following related to COVID-19's impact on education:

- **97% [of children] reported challenges accessing learning materials during COVID.**
- **52% of boys and 39% of girls reported physical violence.**
- **Nearly half of adolescents reported experiencing symptoms related to depression.**
- **4% of 15-19-year-old adolescent girls are pregnant or recently had a baby.⁷³**

Generally speaking, emergency situations “weaken or damage the support systems that normally provide protection and psychosocial support to children and youth.”⁷⁴ With COVID-19 in particular, disruptions to routines and coping mechanisms due to quarantine measures, movement restrictions and school closures put children under immense stress and weakened their social support, making them more vulnerable to violence and psychosocial distress.⁷⁵

These ill-effects of COVID-19 have again highlighted the centrality of real-world schools as institutions safeguarding and advancing a host of inter-related child rights. In Africa, it is the case that, “[f]or many poor and vulnerable children ... schools are not only a place for learning but also a safe space from violence and exploitation.”⁷⁶

“Schools typically provide safe spaces for girls. When they are in school, they are less likely to be forced into marriage and be abused sexually. During this pandemic, however, schools are not there to protect girls” – Dr Mahama Ouedraogo, Director, Human Resources, Science & Technology Department, African Union Commission⁷⁷

Education thereby sustains the development of a child's personality, offering “structure, stability and hope for the future,” including “during a time of crisis”;⁷⁸ the protection it gives children is a direct benefit as well as something that enables them to access their other rights.⁷⁹

70 Ibid.

71 Ibid.

72 Ibid.

73 Presidential Policy and Strategy Unit (Kenya) and Population Council (2021). Promises to Keep: Impact of COVID-19 on Adolescents in Kenya, p. 12. Retrieved from <https://bit.ly/3xAeooE>.

74 UNESCO (2020). Socio-economic and Cultural Impacts of COVID-19 on Africa. Retrieved from <https://unesdoc.unesco.org/ark:/48223/pf0000373903>.

75 Save the Children (2020). COVID-19 Impacts on African Children, p. 14. Retrieved from <https://bit.ly/39mVB87>.

76 Save the Children (2020). COVID-19 Impacts on African Children, p. 5. Retrieved from <https://bit.ly/39mVB87>.

77 Bissoonauth, R (2020). Addressing the Impact of COVID-19 on Girls and Women's Education in Africa. African Union Centre for Girls and Women's Education in Africa. Retrieved from <https://bit.ly/3NZd8IP>.

78 Global Education Cluster (undated). Education Cluster Coordinator Handbook, p. 248. Retrieved from <https://bit.ly/3Qzw6Ry>.

79 Pigozzi, MJ (1999). Education in Emergencies and Reconstruction: A Developmental Approach. UNICEF, p. 2. Retrieved from <https://bit.ly/3N67IEr>.

The rich interconnection between education and protection thus warrants that high priority be given to protecting educational environments as a means of promoting children's well-being, particularly during emergencies.

3.1.E Family environment and alternative care

Drawing on COVID-19 mortality data from 21 countries from March 2020 until April 2021, research published in *The Lancet*⁸⁰ offered "the first global estimates of the cost of the pandemic on children."⁸¹ The study finds that

*More than 1 million children [worldwide] experienced the death of one or both parents during the first 14 months of the pandemic, and another half a million experienced the death of a grandparent caregiver living in their own home.*⁸²

The statistics in the study do not cover Africa in its entirety. However, **South Africa** features among the nations with the highest rates of children losing their primary caregiver. In terms of numbers of children affected by the death of a parent or custodial grandparent, the country has been the hardest-hit in Africa, at a rate of 5 children per 1,000, totaling 94,625 children.⁸³

The table below presents statistics for the five African countries that were surveyed.

Table 2: Loss of primary caregivers due to COVID-19-associated deaths or excess mortality in five African countries, 1 March 2020 – 30 April 2021

	Orphanhood				Rate per 1,000 children		
	Mater- nal	Pater- nal	Dou- ble	Total	Orphanhood	Primary caregivers	Primary or secondary caregivers
Kenya	738	3,574	0	4,312	0.2	0.2	0.2
Malawi	371	1,862	0	2,233	0.2	0.2	0.3
Nigeria	556	3,297	0	3,853	0.0	0.0	0.0
South Africa	26,673	55,733	16	82,422	4.4	5.1	6.4
Zimbabwe	746	1,921	0	2,667	0.4	0.4	0.5

Source: Hillis, S, et al. (2021). Global Minimum Estimates of Children Affected by COVID-19-associated Orphanhood and Deaths of Caregivers: A Modeling Study. *The Lancet*.

3.1.F Access to justice

Children in contact with the law are, even in ordinary times, at a heightened risk of exposure to harmful decision-making practices and processes that transgress their rights, inter alia, to dignity, to safety, and to participating in decisions that affect them. However, the risk increases exponentially in extraordinary times, which are marked by increased discretionary decision-making and truncated decision-making processes. This proved to be true of most countries during the COVID-19 pandemic.

Paragraph 53 of the AU vision in Agenda 2063 provides that "African children shall be empowered through the full implementation of the ACRWC"; which therefore includes children in contact with the justice system. Article 17 of the ACRWC provides that children who are in conflict with the law should be treated in a manner consistent with the child's sense of dignity and worth and which reinforces the child's respect for the human

80 Hillis, S, et al. (2021). Global Minimum Estimates of Children Affected by COVID-19-associated Orphanhood and Deaths of Caregivers: A Modelling Study. *The Lancet*. Retrieved from <https://bit.ly/3Qu5bqv>.

81 Johns, S. (2021). "Global Study Estimates 1.5 Million Children Have Lost a Caregiver from COVID-19". Imperial College News. Retrieved from <https://bit.ly/3bdsuEP>.

82 Ibid.

83 Ibid.

rights and fundamental freedoms of others.

In line with this, Aspiration 8 of Africa’s Agenda for Children 2040 provides that, by 2040, all children shall benefit from a child-sensitive criminal justice system. Although Article 17 of the ACRWC and Agenda 2040 focus only on children in the criminal justice system, access to justice for children should be understood more broadly as a process through which children come into contact with the justice system as victims or witnesses; as affected persons in care, custody, maintenance or child support, and inheritance cases; or by being alleged to be in conflict with the law.⁸⁴

Between March and June 2020, UNICEF surveyed 11 African countries⁸⁵ as part of a rapid assessment of access-to-justice interventions worldwide in the context of COVID-19.⁸⁶ The main trends were:

- As a preventative measure against COVID-19, children were being released from detention, with a range of alternatives to detention being utilised.
- Moratoriums were placed on admitting new children into detention.
- Virtual courts were introduced to ensure continuity of court services for victims, witnesses and alleged juvenile offenders.
- Justice-related training programmes were being shifted from face-to-face to online delivery.⁸⁷

In addition, UNICEF issued a call to action to governments that identified the following issues as key to child-friendly justice for children:

- Releasing all children who could return safely to their families or be placed in an appropriate alternative environment.
- Declaring a moratorium on admitting new children to detention, and for those children who remained in detention, ensuring protection of their health and well-being.
- Refraining from arresting and detaining children for violating curfews and other restrictions on movement.⁸⁸

The table below presents various interventions that African states adopted to prevent Covid-19 from spreading in prisons and detention centres (note that information relates to all detainees, both adult and child, due to a lack of data specifically about children).

Table 3: Interventions to protect detainees from COVID-19

Type of intervention	List of countries
Early release	Burkina Faso, Democratic Republic of Congo, Ghana, Ivory Coast, Kenya, Mali, Mozambique and Rwanda
Priority release of minors	Libya, Malawi, Morocco, South Sudan, and Zimbabwe.
Priority release of pregnant women and mothers	Chad, Ethiopia, Nigeria, Tunisia and Uganda

84 ACPF and DCI (2012). Achieving Child-friendly Justice in Africa. Retrieved from <https://bit.ly/3HCOFjV>.

85 Côte d’Ivoire, Ethiopia, Kenya, Gabon, Guinea, Malawi, Morocco, Mozambique, Nigeria, South Sudan, and Sudan.

86 UNICEF (2020). Access to Justice for Children in the Era of COVID-19: Notes from the Field. Retrieved from <https://uni.cf/3Ov32Jr>.

87 Ibid.

88 Ibid.

Confinement protocols (48 hours to two weeks) prior to committal	Ghana
Suspension of visitation rights	Algeria, Botswana, Burkina Faso, Chad, Egypt, Ethiopia, Ghana, Ivory Coast, Kenya, Rwanda, Senegal, South Africa, Tanzania, Uganda, and Zambia.

Source: Van Hout, MC (2020). *Leaving No-one Behind: The Human Tragedy of Children in African Prisons during COVID-19*. *Health and Human Rights Journal*

3.1.G. The right to play

Despite its enshrinement in the ACRWC, the right to play is often overlooked in literature on the impact of the pandemic. Nevertheless, the effect of COVID-19's disruption of organized group activities and social interaction on children's well-being and development – and by implication their rights under law – is not to be underestimated. In terms of Article 12 of the ACRWC, "States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts."

Unable to go to school and subjected to a barrage of other restrictions, children across Africa found that their world had shrunk dramatically to the home (often one with insufficient space and amenities) and the street (with all the risks that it carries). In particular, the cancellation of sport-related activities and events had an adverse effect on them, with the negative impacts including "the loss of the positive mental, physical and social benefits of sport, as well as those associated with sport being replaced by potentially harmful activities."⁸⁹

As section 3.1.B of this assessment has noted, measures to contain the pandemic harmed children's mental health, with studies finding that children reported feeling isolated, depressed, and anxious about economic insecurity as well as the risk of contracting COVID-19. Restrictions on the right to play had the result both of contributing to the pandemic's psychosocial ill-effects, as one of several drivers of them, and, at the same time, of depriving them of a key means of mitigating these issues, namely, play itself – specifically as instantiated by sport-related activity.

As the Centre for the Sport and Human Rights observes,

Evidence demonstrates that sports participation may protect against mental health symptoms and disorders. In children (and adults), physical activity has been shown to reduce symptoms of depression and anxiety. The restriction of sports participation may therefore have a detrimental impact [on] young people's mental health and well-being, with periods of inactivity; isolation from athletic teams; distance from the athletic community; less qualified interactions with athletic coaches; and lack of social support having been shown to cause emotional distress and psychological disorders ...

When considering the impacts of isolation, feelings experienced by children when their sports activities have been canceled may also include disappointment, missing their teammates, and worry that they will get behind/lose skills without practice. Indeed, with the interruption in learning, the inability to go to school, and the cancellation of sports, the pandemic may have created a sense of isolation that can spread more widely than the pandemic itself among millions of children.⁹⁰

⁸⁹ Centre for Sport and Human Rights (2020). *An Overview of the Sport-Related Impacts of the COVID-19 Pandemic on Children*, p. 9. Retrieved from <https://bit.ly/3y5HBsV>.

⁹⁰ Ibid.

“COVID-19 suspended our education, deterred our friendships and relationships with many. Honestly, I am highly missing my friends, teachers and even our school compound outdoor games ... We have been stressed, frustrated, and feel heavy-hearted. Not going out to school and being forbidden to see our friends gives us a harder time.” – Eyerus, 14-year-old girl, Ethiopia⁹¹

3.1.H The right to participate

There is little available evidence to suggest that governments in Africa listened to the voices of children or took them into account in determining policy responses to COVID-19 in the initial phase of the pandemic. This is despite the fact that Articles 4(2) and 7 of the ACRWC explicitly require that children’s voices should not only be heard but also listened to:

In all judicial or administrative proceedings affecting a child who is capable of communicating his/her own views, an opportunity shall be provided for the views of the child to be heard either directly or through an impartial representative as a party to the proceedings, and those views shall be taken into consideration by the relevant authority in accordance with the provisions of appropriate law (Article 4.2).

Every child who is capable of communicating his or her own views shall be assured the right to express his opinions freely in all matters and to disseminate his opinions subject to such restrictions as are prescribed by laws (Article 7).

In **Tunisia**, the child protection representative of the Ministry for Women, Family and the Child acknowledged that there was “no strategy” for consultation with children’s organizations in which children actively participate in decision-making and policy formulation. A respondent from the Tunisian Association for the Defense of the Rights of the Child (ATDDE) put this down to “no means available” for such consultation.

In **Chad**, a representative of the ministry for the protection of women and young children stated that “the care of children is made in child protection centers managed and supervised by the supervisors of the Centre” – by implication, agency was taken away from children and handed to their caregivers.

In **Senegal**, the responsible ministry worked with World Vision on an assessment of the involvement of children in developing a practical guide on providing psychosocial support to children and families affected by COVID-19 and identifying vulnerable peers or those who had experienced violence.

In **Kenya**, the Joining Forces Alliance (JFA-Kenya) said in a statement in August 2020 that although the Government of Kenya did organize various forms of consultation with the population, it never did so with children: “[W]hen the National Committee for the Response to COVID-19 in charge of Education asked the public ... what needed to be done before schools reopen, the Committee did not consider asking the children for their opinion.”⁹²

The JFA noted that because children are regarded as simply passive consumers of basic education services, there is no structured process for soliciting their views on issues affecting their education.

In **South Africa**, a representative of the Centre for Human Rights at the University of Pretoria underscored that the involvement of children in decision-making and policy formulation is a pillar of the ACRWC.⁹³ A cultural change is needed in which parents, communities and policy-makers recognize children as “actors rather than subjects” and ensure that their opinions are taken into account, or at least listened to, especially when decisions have a major impact on their daily lives.

⁹¹ Padilla, K and Bernheim, R (2020). Act Now: Experiences and Recommendations of Girls and Boys in East Africa on the Impact of COVID-19. World Vision, p. 17. Retrieved from <https://bit.ly/3HcfCux>.

⁹² JFA-Kenya is a coalition of six child-focused NGOs: Child Fund Kenya, Plan International Kenya, Save the Children Kenya, SOS Children’s Villages Kenya, Terre des Hommes, and World Vision Kenya.

⁹³ Telephonic interview with Elvis Fokala, manager of the Child Protection Unit of the Centre for Human Rights, Faculty of Law, University of Pretoria, on 25 May 2021.

“I feel we have been left out in the plans and discussions. No one is talking to us. I feel so disappointed and down. All businesses (in Somalia) are open, but our schools are closed. I don’t know when learning will resume. I don’t know whether I will see my friends again.” – Hawa, 13, Somalia⁹⁴ “

An example of child participation at work

In **Mali**, the National Child Parliament sent an advocacy letter on 21 April 2020 to the Ministry of Health and Social Affairs, Ministry of National Education, and other ministries. According to the Alliance for Child Protection in Humanitarian Action, the National Child Parliament

Noted the situation of children living in the streets because they are exposed and not protected from getting the disease of COVID-19. They also noted the case of children living in conflict zones who are also vulnerable twice because of COVID-19 and the conflict situation in the center and the north. They asked the different Ministers to: (i) plead with the government to get more actions for children living in the streets; (ii) advocate to facilitate the access to humanitarian assistance dedicated to children living in conflict zones.⁹⁵

3.2 Special protection measures

3.2.A Sexual and gender-based violence

As is well known, times of crisis aggravate pre-existing inequalities and child protection issues, with girls and women placed at heightened risk of SGBV.⁹⁶ The COVID-19 pandemic has been no exception.

Violence against children was “already at pandemic proportions” worldwide before COVID-19, when an estimated 1 billion children “experienced physical, sexual or emotional violence or neglect each year.”⁹⁷ In Africa as elsewhere, COVID-19 worsened this situation, significantly increasing the risk and incidence of violence against children, especially ones already at greater risk – among them, girls, poor children, and children with disabilities.⁹⁸

School closures, stay-at-home orders, and other movement restrictions disrupted children’s routines and access to protective elements of education “such as life skills, access to essential information, and connections with existing referral pathways and forms of support.”⁹⁹ At the same time, given the mounting pressures on livelihoods and anxieties about contracting the virus,

the consequences of the pandemic ... dramatically increased stressors on families ... resulting in an increase in the risk of violence at home [from family members, intimate partners, and others in the household and neighboring vicinity], and also in negative coping strategies such as child labour and child marriage.¹⁰⁰

In contexts like these, with protection systems drastically weakened and the potential for SGBV and other

94 SOS Children’s Villages (2020). “Child Rights Organisations Call for Greater Child Protection in Somalia amid Pandemic”. Retrieved from <https://bit.ly/3bfLAKv>.

95 The Alliance for Child Protection in Humanitarian Action (2020). COVID-19 Synthesis #4 Children’s Participation, p. 21. Retrieved from <https://bit.ly/3y3GR7G>.

96 Save the Children (2020). COVID-19 Impacts on African Children, p. 14. Retrieved from <https://bit.ly/39mVB87>.

97 Save the Children (2020). Protect a Generation: The Impact of COVID-19 on Children’s Lives, p. 9. Retrieved from <https://bit.ly/3n7XVDk>.

98 Ibid.

99 Care (2020). Gender-Based Violence (GBV) and COVID-19: The Complexities of Responding to “the Shadow Pandemic”, p. 6. Retrieved from <https://bit.ly/3tNSi0Q>.

100 Save the Children (2020). Protect a Generation: The Impact of COVID-19 on Children’s Lives, p. 66. Retrieved from <https://bit.ly/3n7XVDk>.

forms of abuse or neglect much intensified, the children who are most vulnerable

*are [those] less protected, including unaccompanied and separated refugee children, migrant and displaced children, street children, children affected by armed conflicts, children in judicial detention, children living with disabilities, and girls and children placed in institutions. They are more exposed to contamination as well as violence and abuse. They may also be perceived as a source of COVID-19 contagion and subject to discrimination and violence ...*¹⁰¹

As studies show, African countries saw an increase in sexual violence against children in the period under review:

- In **Southern Africa**, child abuse disclosures in 2020 increased by 61.6 percent in **South Africa** compared to the previous year, “with emotional abuse being the most frequent, followed by physical and sexual abuse.”¹⁰²
- In **North Africa**, violence against family members in **Egypt** had increased by 19 percent by April 2020; of women surveyed between 4 to 14 April of that year, 11 percent had been exposed to violence in the previous week.¹⁰³ Violence against women increased nine-fold in **Tunisia**; during the country’s lock-down period (March to June 2020), the Ministry of Women Affairs’ helpline received 11,361 calls, of which 87% reported violence against women and girls.¹⁰⁴
- In **East Africa**, the **East African Community** saw a steep rise in gender-based violence (GBV), with regional ministries responsible for gender recording a 48 percent increase in GBV cases reported to the police or through toll-free lines.¹⁰⁵
- For example, according to **Kenya’s** Ministry of Labor and Social Protection, emergency measures exacerbated the country’s already-high levels of sexual violence against children. Prior to COVID-19, 13.5 percent of girls – more than a tenth of them – and 2.4 percent of boys experienced such violence by the age of 17.¹⁰⁶
- Research in Kenya suggested not only that SGBV against children increased but that it changed in its profile with the outbreak of COVID-19:
 - **Child sexual victims were younger than before.** On average, they were 12 years in age, compared to 16 years previously.¹⁰⁷
 - **There was an increase in offenses by persons known to the survivor.** Interruptions in schooling and reduced parental monitoring coincided with an increase in offenses perpetrated by neighbors (42 percent compared to 16 percent previously).¹⁰⁸
 - **The timing and location of offenses shifted to daytime hours and private locales:** 76 percent of offenses were committed during hours when children would usually have been at school. Previously, only 24.5 percent of cases occurred in private locations; during the lock down, this increased dramatically to 71 percent of all cases.¹⁰⁹
- In **West Africa**, a study of six Sahelian states found that physical or verbal domestic violence increased by 12 percent during the COVID-19 crisis. **Chad, Senegal** and **Mali** saw increases of 30 percent, 15 percent, and 10 percent, respectively, while for **BurkinaFaso, Mauritania** and **Niger** the increase was less than 10 percent (see table below).¹¹⁰

101 Save the Children (2020). COVID-19 Impacts on African Children, p. 14. Retrieved from <https://bit.ly/39mVB87>.

102 Stevens, L, et al. (2021). “Children’s Vulnerability to Sexual Violence during COVID-19 in Kenya”. *Frontiers in Global Women’s Health*, p. 2. Retrieved from <https://bit.ly/3QCV1Ur>.

103 African Union Commission – Women, Gender and Development Directorate (AUC-WGDD) (2020). *Gender-Based Violence in Africa during the COVID-19 Pandemic*, p. 7. Retrieved from <https://bit.ly/3zVlqFX>.

104 Ibid.

105 Ibid., p. 6.

106 Stevens, L, et al. (2021). “Children’s Vulnerability to Sexual Violence during COVID-19 in Kenya”. *Frontiers in Global Women’s Health*, p. 2. Retrieved from <https://bit.ly/3QCV1Ur>.

107 Ibid.

108 Ibid.

109 Ibid.

110 Ibid., p. 5.

Table 4: Incidence of domestic violence in six Sahelian countries as at June 2020

Country	# Respondents	% Incidents per COVID-19	% Incidents during COVID-19	% Points increase
Burkina Faso	187	10.16%	15.51%	5.35%
Mali	415	43.86%	53.98%	10.12%
Mauritania	99	11.11%	16.16%	5.05%
Niger	52	5.77%	13.46%	7.69%
Senegal	201	81.09%	96.02%	14.93%
Chad	102	50.00%	80.39%	30.39%
Total/average	1056	40.43%	52.18%	11.55%

Snorek, JL (2020). Data: Analyse rapide de l'impact de la pandémie liée au COVID-19 sur les violences faites aux femmes et aux Filles au Sahel-JDWS, p. 19

3.2.B Protection from child marriage and other harmful practices

The full extent of COVID-19's impact on child marriage in Africa remains unclear and the subject of ongoing diagnosis and prognosis.¹¹¹ What is certain, though, is that – as with other aspects of children's rights and well-being – the pandemic and its control will have exacerbated pre-existing fragilities and risks. In turn, the repercussions of COVID-19-linked child marriage will be decidedly long-term, given the impact that marriage has on a child's developmental trajectory and future life-course as an adult.

UNICEF observes in this regard that

[for girls living in fragile situations, early marriage remains a lingering risk, easily triggered by the smallest of social and economic shocks ... The COVID-19 pandemic is likely to increase the level of child marriage over the coming years through acute and chronic effects on the well-being of girls and their families.¹¹²]

Five COVID - related pathways have been identified as instrumental in raising the risk of child marriage:

- Interrupted education;
- Economic shocks;
- Disruptions to programs and services;
- Pregnancy; and
- Death of a parent.¹¹³

UNICEF goes on to add:

While these five factors are likely to affect child marriage in all settings, additional contextual factors may also play a role. Such factors include the overall prevalence of child marriage; the amount and direction of marriage payments; gender and social norms; the availability of social protection and poverty alleviation programs; and the presence of ongoing conflicts, forced migration and displacement.¹¹⁴

The consequent impacts on child marriage in Africa are likely to adversely affect attainment of SDG 5 ("Achieve gender equality and empower all women and girls") and Goal 17 of the AU's Agenda 2063:

- Target 5.3 of SDG 5 is to "eliminate all harmful practices, such as child, early and forced marriage and

111 See, for example, Yukich, J, et al. (2021). "Projecting the Impact of the COVID-19 Pandemic on Child Marriage". Journal of Adolescent Health, Vol 69(6). Retrieved from <https://bit.ly/3bhieLJ>.

112 UNICEF (2021). COVID-19: A Threat to Progress against Child Marriage, p. 18. Retrieved from <https://bit.ly/3NdITX1>.

113 Ibid., p. 9.

114 Ibid.

female genital mutilation”

- In regard to Agenda 2063, one of the targets of Goal 17 is that “[a]ll harmful social practices (especially female genital mutilation and child marriages) will be ended and barriers to quality health and education for women and girls eliminated”

Even before COVID-19, girls and women experienced these harmful practices with great regularity. The continent is home to 130 million child brides, and has the highest level of child marriage globally.¹¹⁵ The prevalence of this harmful practice varies widely across the continent by region, country or even community. Progress towards ending it is likewise mixed: some countries have made impressive advances in upholding girls’ and women’s rights, while in others, there is much that needs to be done:

- Child marriage is often linked with pregnancy, underscoring the need for sexual and reproductive health services for adolescents, including reproductive health education.
- Since most married adolescent girls are out of school, efforts need to be intensified to facilitate school re-entry and reach out-of-school girls with training and vocational opportunities.
- The issues facing child brides are multifaceted and require an integrated, cross-sectoral approach to interventions aimed at child protection, education, health and social protection.¹¹⁶

3.2.C Children with disabilities

Many children living with disability in Africa find their challenges compounded by complex medical conditions, poverty, and widespread discrimination, along with multiple barriers to accessing basic health care or social services. COVID-19 increased their isolation, the levels of discrimination they experience, and the problems of accessibility they face. Four key problems are outlined below.

- **Lack of disability-inclusive, child-friendly resources on COVID-19**

Generally, child-friendly communication tools were already a rarity before COVID-19, but, during the pandemic there was a notable lack of inclusive, accessible information on the pandemic for children with disabilities. In **Malawi**, for instance, it was reported that “children with disabilities did not seem aware of [social distancing measures and other] government guidelines, [consequently] placing themselves in danger by greeting non-family members with handshakes”.¹¹⁷ Quarantine measures were particularly distressing for children with disabilities who had not been assisted in understanding COVID response measures.¹¹⁸

- **Inability to access vital health care**

According to research by the International Disability and Development Consortium, many children with disabilities were unable to access health care essential to their needs. Given that such children often “depend on peer networks, schools and other community structures to access health services”, lock-down measures – school closures in particular – made it exceptionally difficult for them to attend appointments with medical practitioners or collect prescriptions.¹¹⁹ Closure of services also meant that many “who rely on therapy sessions for mobility or growth in early childhood ... [experienced] setbacks in their developmental milestones”.¹²⁰

In **Zambia**, for example, mothers of children with disabilities reportedly “[locked] themselves and their children indoors for weeks on end”, in the process “missing appointments and avoiding food shopping due to fear of infecting children with already weakened immune systems”.¹²¹

- **Barriers to accessing education**

COVID-19 has posed a threat to gains made in inclusive education. Although school closures led to a rise in technology-based forms of alternative education, Able Child Africa reported that the resources circulated in

115 UNICEF (2020). Towards Ending Harmful Practices in Africa: A Statistical Overview of Child Marriage and Female Genital Mutilation. Retrieved from <https://bit.ly/3NgRB6Q>.

116 UNICEF (2020). Ending Child Marriage: A Profile of Progress in Ghana. Retrieved from <https://bit.ly/3yeZBBf>.

117 Able Child Africa (2020). The Effects of COVID-19 on Children and Youth with Disabilities in Africa, p. 1. Retrieved from <https://bit.ly/3QMqvCd>.

118 Ibid.

119 Bhakta, A (2021). Adjust and Respond: The Experience of Organisations Working with People with Disabilities in Adapting to the COVID-19 Pandemic. International Disability and Development Consortium, p. 35. Retrieved from <https://bit.ly/3Nce7hm>.

120 Ibid.

121 Ibid.

this way were “not disability-inclusive”:

- For example, in **Kenya**, the Institute for Curriculum Development (KICD) provided e-learning materials nationwide, but “failed to distribute these materials in accessible formats”;
- Similarly, in **Malawi** the government engaged with mobile networks to provide free Online course, “but again these [were] not provided in accessible formats”; and
- In **Tanzania** and **Kenya**, the majority of children received their education primarily via radio broadcasts – “a service almost entirely inaccessible for children with hearing impairments.”¹²²

Able Child Africa observed in 2020 that

[Within this context, the education of children with disabilities is often not prioritized, particularly for families who are forced to choose between educating one child over another. Children with disabilities are also more likely to drop out of school than their peers, and there is a real risk that those who leave school may not return.

All of this means the education of children with disabilities is disproportionately deteriorating during the pandemic, putting them at an increased disadvantage and further reducing their ability to fully participate in society in the future.^{123]}

- **Increased risks to child protection**

Children with disabilities “are 3.7 times more likely to be victims of violence and 2.9 times more likely to be victims of sexual violence”; with the COVID-19 pandemic having put them at “further risk.”¹²⁴ Such children faced a high likelihood of abuse or sexual assault in the home and by those caring for them, since school closures “[gave] perpetrators more opportunity to abuse children with disabilities and shield instances of abuse due to lock-down measures.”¹²⁵ In particular, under lock-down conditions, schools and communities were less able to protect girls with disabilities, who were at heightened risk of experiencing sexual assault.¹²⁶

As Able Child Africa noted:

Increased poverty also leads to neglect of children with disabilities, with many families forced into tough decisions choosing only to feed, clothe and keep their children without disabilities clean.

A further set of risk factors was that support networks geared to protecting children with disabilities were disrupted in their functioning, as a result of which there “no interpreters, special needs teachers, parent support groups or local disability officials to report cases of abuse to.”¹²⁷

3.2.D Children living on the street

COVID-19 created further hardship for street children, who already lived in misery. Pandemic response measures hit them particularly hard, as such children “[could not] afford the economic costs of forced immobility, since their livelihood depends on the [boons] of informal street activities.”¹²⁸

122 Able Child Africa (undated). The Effects of COVID-19 on Children and Youth with Disabilities in Africa, p. 3. Retrieved from <https://bit.ly/3QMQVcD>.

123 Ibid.

124 Ibid., p. 4.

125 Ibid.

126 Ibid.

127 Ibid.

128 Olanipekun, T (2020). “‘Don’t Come Close’: The Plight of Street Children during COVID-19’s ‘Forced Immobility’”. Migration & (Im)mobility Magazine. Retrieved from <https://www.routedmagazine.com/street-children-covid-19>.

An ethnographic field study paints the picture of life on the street in Ibadan, Oyo State, **Nigeria**:

Usually exposed to unhealthy environmental conditions that threaten their health, [the corona virus has deepened the vulnerability of these children. Some of them use face-masks they find by the road, while many of them are without masks. Yet, these children meet and interact with different people, including other street children, who are just as vulnerable as they are, transiting every day without protection. Nevertheless, they share the same floor to sleep at night without maintaining social distancing. The activities of these children not only threaten their own health, but also put that of others in society at risk.^{129]}

Among other things, the study found that street children “lack vital information about the corona virus and how to prevent it, since they are detached from traditional and social media where this information is mostly disseminated”; testimony from respondents (see example below) showed that “children’s lack of access to information puts their life at risk.”¹³⁰

“Nobody tells us anything. But we hear side talks about the situation of things now. So, we do what we see people do. That’s why we are using masks too. We usually pick the mask we see by the road. We don’t go out again like before. All of us sleep and wake up here, and hope that people bring food so we can eat” – Kayode (male, 15)¹³¹

“I am used to suffering but I have never experienced anything like this before ... People don’t come to give us food anymore, and we don’t get jobs because people don’t want to have contact with us. When we approach them to assist with their luggage in exchange for money, they scream at us to not come close, and to not touch them.” – Ayodele, 14-year-old boy¹³²

3.2.E Children in crisis and conflict situations

As noted previously,¹³³ throughout the pandemic in 2020, health resources were shifted from regular prevention to COVID-19 prevention, resulting in children having limited access to primary health care – a trend that impacted as well on children in crisis and conflict situations.

Such children “face increased risk of exposure to vaccine-preventable diseases”, given that “outbreaks of intense violence are associated with dramatic reductions in immunization coverage for children.”¹³⁴ In countries such as **Nigeria, South Sudan** and the **DRC** which have experienced protracted violence, “many children born into conflict may never have received immunizations in the first place.”¹³⁵

In other conflict-ridden countries, among them **Burkina Faso, Cameroon** and **Mali**, access to education was undermined by insecurity and attacks by armed groups. It was reported that, with schools being closed, “the boy child has been preyed on by extreme groups and radicalized”; armed groups are said to have “recruited and used many children.”¹³⁶ It has also been suggested that some children may have joined these groups voluntarily “as a last resort to survive and provide for their families devastated by COVID-19.”¹³⁷

The African Centre for the Constructive Resolution of Disputes (ACCORD) said that gross violations of children’s rights “reached an alarming level during the COVID-19 pandemic”:

129 Ibid.

130 Ibid.

131 Ibid.

132 Ibid.

133 See section 3.1.A Health and welfare.

134 Save the Children (2020). Not Immune: Children in Conflict, p. 14. Retrieved from <https://bit.ly/3nfp3QL>.

135 Ibid.

136 ACCORD (2021). “The Effects of COVID-19 on the Rights, Protection, and Wellbeing of Children in Situations of Conflicts in Africa”. Retrieved from <https://bit.ly/3yjQ3oH>.

137 Ibid.

*More children are killed, maimed, recruited, and used by armed groups and extreme groups, sexually abused and exploited, denied access to humanitarian help, trafficked, and arrested for association with extreme or armed groups.*¹³⁸

To compound the problem, COVID-19 restrictions disrupted the efforts of organizations that monitor and document violations of the rights of children in conflict situations.¹³⁹

3.2.F Children on the move

The COVID-19 pandemic “has had a devastating impact on the safety and well-being of children – especially those on the move.”¹⁴⁰ For many children, migration is a coping strategy, but one that can leave them vulnerable to harm in the absence of adequate services and support. COVID-19 has posed “an additional threat for those who are in transit, and those who have moved away from their homes and are living in uncertain circumstances.”¹⁴¹

On the basis of a survey of more than 1,200 such children and young people aged 12–24 years in **Somalia, Ethiopia** and **Sudan**, UNICEF identified several key challenges in the context of measures to contain the spread of the corona virus.

- ⇒ The requirement of regular hand washing assumes at bottom that people have access to soap and water. However, four in ten (37%) of children and youth on the move did not have access to washing facilities. More widely, they lacked access to other basic services as well. UNICEF reported that “one in four have not been able to access health services when they needed them, one in four were unable to access shelter or accommodation, and two in five have not been able to go to school.”¹⁴²
- ⇒ Governmental measures such as quarantine and lock-down often presuppose that family and social networks are in place to afford support to people in crisis. In the UNICEF sample, though, one in five respondents reported that they live alone: “[a]s a result, it is likely that they will find it much harder to get the help they need,” particularly with public services under strain due to the spread of the pandemic.¹⁴³
- ⇒ Past experience has shown that providing simple, culturally relevant information to the public is critical to limiting the spread of any pandemic. Governments and agencies are increasingly reliant on digital platforms for public communications, but this assumes access to the Internet. UNICEF’s findings were that only one in four children and young people on the move had Internet access; in addition, “[I] language and other cultural barriers were also seen to present a significant challenge for those who were outside of their country of origin.”¹⁴⁴

This highlighted the need for communications campaigns to “unlock non-digital assets and be aware of the need for linguistically and culturally relevant messaging.”¹⁴⁵

Writing in early 2020, UNICEF pointed out that

*[The impacts of COVID-19 and policy responses on current migrants should not be underestimated. Already at the receiving end of stigma and discrimination, safe migration routes are only likely to shrink further, leaving migrant children and young people further exposed to risks of exploitation in order to facilitate their journeys.]*¹⁴⁶

138 Ibid.

139 Ibid.

140 UNICEF (2021). Sub-Saharan Africa: Growing up in Crisis in a World of Opportunities, p. 12. Retrieved from <https://uni.cf/3njdBUm>.

141 Gill, M, et al. (2020). “Children on the Move in East Africa: Research Insights to Mitigate COVID-19”. UNICEF. Retrieved from <https://uni.cf/3bs4SfU>.

142 Ibid.

143 Ibid.

144 Ibid.

145 Ibid.

146 Ibid.

CHAPTER FOUR:

CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

As the COVID-19 pandemic spread across the continent, governments in Africa were confronted with the challenge of balancing several imperatives – the imperative to limit the spread of the pandemic, the imperative to revive economies, and the imperative to meet the needs of those most vulnerable in society.

As noted in this report, the notion of “the best interests of the child” is a fundamental principle that must be applied when confronted with competing imperatives. Unlike the CRC, in which this principle is “a” primary consideration in implementing children’s rights, the ACRWC stipulates that it is “the” primary consideration.

In view of the resulting obligations, governments were, and continue to be, duty-bound to make difficult decisions in cognizance of the imperative to ensure the best interests of the child. The ACERWC reminded Member States of this duty and provided guidelines on how to fulfill it in the context of COVID-19 in its Guiding Note on COVID-19 and Its Implications for Children’s Rights and Welfare.¹⁴⁷

Whilst recognizing the complexity of the decisions that were being made, the Guiding Note underlined that Member States remained duty-bound to ensure that such decisions and processes did not erode children’s protected rights necessary for their survival, protection, development, and participation. Notably, this included their rights of access to child-friendly information, to health care, to education, to family and parental care, and to protection from discrimination.

This report illustrates that, when viewed against the guiding principles and requirements for securing the best interests of the child as published by the Committee of Experts, Member States did not fulfil their responsibilities adequately. Contrary to the duty of governments, their efforts to address both the health-related and socio-economic consequences of COVID-19 negatively impacted on children’s rights and well-being, especially the rights of girls and other vulnerable groups.

The present report has sought to assess these impacts with a view to understanding them and developing recommendations for Member States, as urged in the Guiding Note, to mitigate the long-term effect of COVID-19 on children’s rights and, on the basis of lessons learned during the pandemic, strengthen national emergency responses so as to prevent a recurrence of widespread transgression of children’s rights in future emergencies.

The assessment has highlighted the following **four areas of major concern previously emphasized in the Committee’s 2020 Guiding Note:**

➤ ***The need for child-friendly and -inclusive information and communication***

The assessment concludes that, during the pandemic, children’s voices were not heard enough. There was lack of participation by, and consultation with, organizations representing children in decision-making around public health measures; likewise, there was little evidence of children’s involvement in making decisions and formulating policies that directly affected their lives. In sum, children were, in most cases, subjects rather than actors.

➤ ***Existing systemic weaknesses deepened the impact on children’s rights***

Measures such as quarantines, lock downs and school closures not only impacted on economies and deepened poverty, but also affected the well-being of children, especially so vulnerable children who were already at risk because of weak systems. Before COVID-19, many vulnerable children experienced deprivations and were not receiving the services and support needed to address them. COVID-19 increased the numbers of children suffering from abuse, anxiety, isolation, trauma, displacement, hunger and malnutrition. The increased demand weakened already vulnerable child care and protections systems, creating a larger pool of children whose survival, development, protection and participation were negatively impacted.

147 ACERWC (2020). COVID-19 and Its Implications [for] Children’s Rights and Welfare: Guiding Note to Member States of the African Union. Retrieved from <https://bit.ly/3GRuvAw>.

➤ ***The need to ensure every child's right to education***

School closures impacted on children's rights, specifically – though not only – their right to education. In the period under review, children, making up more than a fifth of Africa's population were out of school. To overcome this disruption, governments adopted online learning and, in some cases, delivered education via TV and radio. However, weak systems and infrastructure, along with high levels of poverty, prevented children from accessing online learning. Girls experienced higher levels of exclusion from online learning than boys.

In addition to being a place of learning and development, schools offer many children a place of safety, care and protection. The closure of schools increased children's exposure to violence, abuse and exploitation whilst depriving them of the safety of the school environment. In addition, many children were deprived of services and support provided through schools, including school meals for daily nutrition.

➤ ***The need for nutritional support to children and families***

Although COVID-19 has a minimal direct impact on children's health, the risk of hunger and malnutrition increased for many children as a result of school closures and increased job losses and poverty, especially in regions such as the Sahel where the risk was always latent – in the process turning COVID-19 into a hunger and livelihood crisis.

4.2 Recommendations

In the light of the findings of this report, the ACERWC makes the following recommendations. Directed at governments, development agencies, the media, businesses, and CSOs, they seek to ensure that national child care and protection systems are strengthened and that child-sensitive emergency response policies are in place to meet COVID-19 imperatives as articulated in the 2020 Guiding Note. Among other things, the latter called for the following:

- Mitigating the long-term impact of COVID-19 on the rights of children;
- Planning for the future through the development of evidence-based emergency response plans to prevent a recurrence of rights transgressions in future emergency scenarios;
- Building the resilience of children, parents, families and communities to withstand the after-shocks of COVID-19 and future emergencies by strengthening systems to ensure the sustained, coordinated provision of services to reach the most vulnerable and marginalized;
- Ensuring that all responses identify and respond to the different needs of especially vulnerable groups of children; and
- Ensuring that responses are evidence-based and, as such, based on lessons learnt within countries and the continent from the pandemic.

4.2.1 Develop child-sensitive, evidence- and rights-based mitigation and emergency response policies

During the pandemic, restrictions on personal freedoms impacted not only on children's social and economic rights but so too on their civil and political rights.

The ACERWC recognises that humanitarian crises such as those brought about by COVID-19 require extraordinary measures. However, the Committee emphasises that in contexts such as these, which are associated with increased risks, leaders and decision-makers must be vigilant and act to fulfil their heightened responsibility to safeguard children's rights.

The Committee urges governments, development agencies and civil society to work together to mitigate the impact on children's rights and prevent a recurrence of rights transgressions. They should do so by obtaining a full understanding of the causes and consequences of COVID-19's impacts on children's rights in their countries; by documenting the lessons learnt; and by drawing on this knowledge base to develop stronger child-responsive systems.

The Committee reiterates its call, as documented in the 2020 Guiding Note, for all Member States to conduct research into the impact of COVID-19 on children's rights and document lessons learnt through their experience and the experience of children.

The Committee further reiterates its call for Member States to use the evidence to develop national mitigation strategies and emergency response policies through strengthened inclusive, participatory decision-making platforms and processes to ensure that children's views shape national responses and that future responses protect the sustained participation of children in future crises.

Governments are duty-bound, in terms of the ACRWC, CRC, and Africa's Agenda for Children, to devise a child-centred rights-based development agenda that gives effect to children's rights as actively engaged citizens.

This requires the development of national agendas, policies and programmes through inclusive processes that include not only development partners and NGOs but children as well. It also requires development of enabling policies, laws and programmes that recognise and guarantee the rights of children, including in times of crisis, to health, nutrition, protection and education and to participation in all decisions that affect them.

Therefore, the Committee urges governments to undertake the following:

1. Strengthen routine participatory decision-making platforms to include children's voices, especially the voices of the most vulnerable, across planning cycles through various measures, including the establishment of well-resourced children's parliaments that are institutionally linked to national parliaments.
2. Through the strengthened participatory processes, develop national child-sensitive mitigation and emergency response policies, plans and protocols that explicitly recognise the heightened vulnerability of children and direct all role-players to honour their commitments to ensure the best interests of children. The resulting enabling framework should describe the extraordinary governance processes that prevail in times of crisis and direct that all decisions be made with due consideration of the potential consequences for children's rights, with preference given to courses of action that have the least impact on these rights. In this regard, the enabling framework should give effect to the directives provided in the 2020 Guiding Note.
3. Both sector mitigation and the wider national emergency response policy and plan should explicitly recognise the additional risks faced by especially vulnerable groups of children and make provision for special measures to protect them. These groups include girls, children in rural areas, children in poverty, children living on the streets, children on the move, and children with disabilities. In particular, governments should:
 - 3.1 recognise that pandemics like COVID-19 affect girls and boys differently. They should identify the risks faced by girls and the underlying causes. Mitigation plans should be gender-responsive and guarantee the sustained provision of essential education, psychosocial support, sexual and reproductive health services, and social security to protect girls against additional intersecting risks.
 - 3.2 recognise the heightened risks faced by children with disabilities. They should identify the risks and direct that sectors develop inclusive emergency response policies and plans that address the underlying causes of such risks, including through the following measures advocated by Able Child Africa based on their research into the impact of COVID-19 on children with disabilities:
 - i. Ensure all communications are accessible and child-friendly, recognising the double barrier that children with disabilities face in accessing information.
 - ii. Fund and support community-based networks of support to ensure information, services and support are not disrupted and are provided close to where children and their families live.
 - iii. Ensure that existing and emergency special protection measures, such as financial assistance are designed to address the additional needs of children with disabilities and information about programmes are communicated to parents of children with disabilities.
 - iv. Education provision should be fully accessible and based on children needs; this includes online and ICT-based education in which "accessibility" features (such as text to speech or larger letters) need to be built in.
 - v. Ensure effective consultation and engagement with children and youth with disabilities when planning current and post-COVID-19 responses to ensure they [children and youth] are fully protected.¹⁴⁸

148 Able Child Africa (2020). The Effects of COVID-19 on Children and Youth with Disabilities in Africa, *passim*. Retrieved from <https://bit.ly/3QMQVcD>.

3.3 recognise the additional risks and difficulties of access faced by migrant children on the move. The national emergency response should include the following procedures:

- i. Establish a network of trusted partners or intermediaries, including social workers, faith-based organisations, community-based organisations, and international agencies to identify, reach and provide this vulnerable group of children with sustained support and services.
 - ii. Make available and guarantee access, through the network of partners, to information about the crisis and available services and support in the various languages spoken by refugees, internally displaced peoples, and migrants; a variety of modes of communication should be utilised.
 - iii. Direct that every child can access services regardless of his or her documentation, status, gender, disability, ethnicity, religion or language and poverty, and that travel restrictions may not infringe the right to asylum for children.
 - iv. Place a moratorium on forced returns during the crisis period and prohibit voluntary returns where this would result in harm to the child.
4. As part of their crisis response strategies, develop protocols for maintaining transparent, participatory governance processes that, as far as is practicable, sustain children's participation in the making of extraordinary decisions that impact on their rights.
 5. Strengthen and systematise the development and distribution of child-friendly information on governance processes, platforms and policy, programmatic and budgeting decisions in ordinary as well as extraordinary times. The national emergency response policy should make explicit the responsibility and modalities to realise the commitment to ensure that children – including the most vulnerable, such as children in rural areas, children with disabilities, children living in poverty, and girls – will be provided with accurate and appropriate information. In this regard, a supporting communications strategy should be developed collaboratively with development agencies, the education sector, NGOs, the media and children to ensure the efficient and systematic use of existing networks resources, as well as communication practices that were found to have worked effectively during the COVID-19 pandemic.
 6. The national emergency response policy should make provision for strengthened child-friendly monitoring, reporting and follow-up systems and procedures which ensure that all children and caregivers are enabled and empowered to report rights transgressions to governmental agencies, human rights institutes and treaty bodies, and that all cases are followed up and results reported back to children and government.
 7. The national emergency response policy should direct that all sectors, including education, health, child protection and others, develop their own sectoral emergency response policies, plans and programmes. The policy should require that all sector responses be evidence- and rights-based and give effect to the principles and directives contained in the national policy so that they too recognise and protect children's rights, with special provisions to protect the rights of especially vulnerable children and their families, including girls, children in rural areas, children in poverty and children with disabilities.
 8. National emergency response policies should be supported by sector guidelines which ensure that all sectors, in the development and implementation of their emergency responses, comply with treaty and developmental responsibilities to children. The guidelines should draw on the lessons learnt during the COVID-19 pandemic; likewise, they should draw on the ACEREW's 2020 Guiding Note, as well as general comments and directives issued by treaty bodies and development agencies in regard to mitigating transgressions of children's rights in times of crisis. A notable such document is the Core Commitment to African Children during Crisis and Emergencies.
 9. In this regard, governments should lead a well-coordinated evidence-based planning process with the technical and financial support of development agencies and NGOs. In their country strategies, development agencies should commit to supporting the development, resourcing, implementation and monitoring of recommended processes and policies.

4.2.2 Strengthen rights-based child care and protection systems

What made the impact of COVID-19 especially severe was the continent's large pre-existing population of vulnerable children and the weakness of accompanying child care and protection and social security systems. In

other words, the majority of children and their families were already at risk – COVID-19 laid bare and deepened pre-existing systemic weaknesses.

The Committee urges governments, development agencies and CSOs across Africa to recommit to realising Africa's Agenda 2063 through deliberately child-centred national development agendas. As per Africa's Agenda for Children, national development plans should give priority to the task of supporting parents and caregivers to be resilient in sustaining the provision of care and protection to children so as to enable them to develop to their full potential and exercise agency as actively engaged citizens in both ordinary and extraordinary times.

In addition to calling for child-sensitive emergency response policies and plans, the Committee therefore calls on governments and development partners to increase investment in strengthening national child care and protection and social protection systems – as directed by, *inter alia*, General Comment No. 5 – in order to mitigate the impact of COVID-19 and build the resilience of families, caregivers, children, and systems – in particular systems relating to health, education and child protection – so that they are equipped to withstand future emergencies.

In this regard, the Committee provides the following directives in order to strengthen supportive and complementary sectoral systems that should knit together through effective leadership and coordination of the overarching national child care and protection system to guarantee the rights of all children in both ordinary and extraordinary times.

4.2.3 Build inclusive pandemic-resilient education systems

Africa's Agenda 2063, Africa's Agenda for Children 2040 and the SDGs all identify the education system as the driver of child-centred, rights-based sustainable development. Inclusive, universal access to quality education is the most fundamental of rights that must be realised to build the human-capital potential of children, notably the most vulnerable and marginalised.

The past decade has seen a continent-wide increase in education budgets and strengthened education systems to develop schools as hubs of development that provide safe, nurturing spaces addressing social, economic, and pedagogical barriers to education that are commonly experienced by vulnerable children.

As such, significant progress has been made in securing the inclusion of vulnerable learners and building their resilience through quality, transformational education. Schools have become safe spaces where children are protected and can access services and support to ensure their participation and holistic development. Over the past decade, most schools have adopted programmes which address cost barriers that exclude children living in poverty and which provide nutritional support as well as access to essential health services, comprehensive sexuality education, and civic education; schools have also adopted programmes to address girls' vulnerability, including policies to mitigate onerous domestic responsibilities and mandate girls' return to school after pregnancy.

However, the COVID-19 pandemic has exposed persistent sectoral weaknesses. The Committee urges education and supporting ministries, development agencies, CSOs, the media, business, and academic institutions to address these weaknesses by adopting the appropriate systems-strengthening measures:

1. Mitigate the consequences of COVID-19 and build the resilience of vulnerable children to educational exclusion in the face of future pandemics by strengthening national inclusive education systems. Education systems should be revisited. In the light of new evidence, current and future access and quality barriers should be mapped out and sustainable, effective services and support integrated into the education system through the use of schools as eco-systems of support.
2. The strengthened inclusive education system should include sector policies and programmes addressing the heightened risk of girls' educational exclusion, with these policies and programmes adequately resourced so as to be sustainable and capable of reaching all beneficiaries. Specifically, the following are required:
 - 2.1 Policies and programmes addressing onerous domestic responsibilities.
 - 2.2 The protection of girls from abuse, early marriage, and early unintended pregnancies.
 - 2.3 Return policies and programmes to ensure girls do not drop out of school if they become pregnant.
 - 2.4 Policies and programmes to address cost barriers for girls, including fee exemptions and subsidised access to ICTs.

3. Education systems must be strengthened to secure the universal provision of quality education for children with disabilities in ordinary as well as extraordinary times. Countries across Africa should ensure that they have a costed, evidence-based inclusive education policy and implementation plan for children with disabilities. It should cover the period from birth until such children exit formal schooling, and should ensure the provision of the following in order to address documented access and quality barriers:
 - 3.1 A supporting curriculum that is flexible and adaptable to the specific needs of children, depending on their developmental stage, strengths and challenges.
 - 3.2 A capacitated and supported cadre of inclusive education planners and educators with the knowledge, skills, competencies, and tools to provide quality education for all children with disabilities, including through remote platforms using adaptive technology and media.
 - 3.3 Adequate inclusive infrastructure and teaching and learning materials, including assistive devices, to guarantee children's safety, dignity, and quality teaching and learning
 - 3.4 Adequate resources to ensure sustained implementation.
 - 3.5 Information management systems and tools to ensure that all children with additional needs are identified, provided with the required support, and monitored in terms of their access to, participation in, and completion of quality education.
4. Access to teaching and learning in the 21st century requires universal, sustained access to remote technology and platforms and correspondingly supportive teaching and learning materials and pedagogical practices. This is true in ordinary as well as extraordinary times. The closure of schools during COVID-19 shone a spotlight on inadequacies and inequities in the education sectors' provision of enabling 21st century teaching and learning environments, infrastructure, and materials; it also highlighted that many educators have limited capacity for 21st century teaching.

Education ministries across Africa are urged to adopt the following measures to ensure equal and equitable access to quality remote teaching and learning opportunities, with a special focus on improving access to quality education for girls, children living in rural areas, children living in poverty, children on the move and children with disabilities:

- 4.1 Develop evidence-based, costed remote learning and ICT policies and programmes to support national 21st century curricula. The policies and programmes should have the explicit goal of universalising access for all children, especially the most vulnerable, to a diversity of mobile and electronic learning platforms and technology through which teaching is provided by qualified educators supported with appropriate distance-learning pedagogical skills and teaching and learning materials.
- 4.2 The remote learning and ICT policies and programmes should be developed collaboratively and inclusive of the following responsible role-players to secure their commitment to fulfil their following recommended responsibilities:
 - i. Academic institutions should develop pre- and in-service training for the development of educator capacity to deliver quality teaching and learning by means of technology and remote platforms. These should be universally provided through national pre- and in-service training with the financial support of development agencies.
 - ii. Telecom providers, media companies and government agencies should enter into public private partnerships to increase availability of affordable technology and infrastructure through schools and community facilities such as libraries.
 - iii. Educational programmes for addressing cost barriers should be amended to include subsidies and the free provision of ICT technology and data to vulnerable learners.
5. Develop a costed education sector emergency response plan in collaboration with supporting ministries, development partners, CSOs, and children to ensure that, in the event of school closures, contingency plans are in place to sustain the provision of social and economic support services through schools, such as nutrition and psychosocial support.
6. Ensure that children are included and participate in the development of national and school-level policies and programmes for forging a more resilient 21st century education system by ensuring that, for example:
 - 6.1 all school governance structures include learners;

6.2 proposed policy developments are presented at children's parliaments; and

6.3 children are meaningfully included in collaborative and coordinated planning processes established to implement the preceding recommendations.

7. Ministries of education should ensure that all policies and programmes are costed and that education sector budgets do not fall below the minimum thresholds that African states have committed to in terms of their treaty and development responsible; are adequate; used efficiently; and are mobilised through a combination of public revenue and development funding.

4.2.4 Strengthen pandemic resilient child-friendly health systems

Governments should continue to strengthen their health systems to ensure universal health coverage for children and their caregivers, while improving their emergency response policies, programmes and resources to ensure the sustained provision of essential health care services alongside the provision of additional, emergency services.

The Committee recommends that, among other things, ministries of health should develop an emergency response aligned to the national emergency response policy. This response policy should do the following, inter alia:

1. Document an essential package of health services that must be provided in emergency situations to secure children's survival, development and protection; such services include early childhood health services; immunisations; developmental screening and early intervention services; and sexual and reproductive health services.
2. Recognise the risks to sustained delivery of essential services in times of crises, map out costed contingency plans and delivery modalities, and conclude agreements with development agencies and sister ministries to secure implementation in the event of crises like COVID-19.
3. Recognise, map out, and develop a plan to meet the need for additional financial resources, human resources, infrastructure, technology and medicines in health-care facilities to manage existing and additional demands raised by the crisis without compromising delivery of children's health services.
4. Include a communication strategy and framework, inclusive of child-friendly materials, that enables stakeholders to collaborate in delivering aligned messaging, avoiding stigmatisation, and counteracting misinformation.

4.2.5 Strengthen social protection and food security to avoid malnutrition

The Committee urges governments to strengthen social protection and food security policies and programmes to ensure that parents, caregivers, schools and social workers are able to withstand economic shocks and sustainably meet the food and nutritional needs of vulnerable children in the event of a national crises along the lines of COVID-19.

Specifically:

1. Child-centred social security programmes should be scaled-up through collaborative efforts by government and international development agencies.
2. The education and health sector's emergency response policies and plans should explicitly recognise the risk of school closures to continuity of benefits and make provision for costed alternative delivery modalities to sustain access to food.

4.2.6 Strengthen child protection services to be better prepared for emergencies

The Committee re-emphasises its call in its 2020 Guiding Note for Member States to strengthen their networked and coordinated child protection systems by, inter alia:

1. Working collaboratively with development agencies, child protection agencies, CSOs, and children to develop a costed, national child protection emergency response plan which is aligned to the principles, objectives and imperatives of the national emergency response policy to ensure that all children,

especially vulnerable children, in need of care and protection can be identified and referred timeously and receive the support required to mitigate the risks and consequences of crises such as COVID-19.

2. Developing a gender-responsive, equitable and transformational emergency response plan that recognises and makes provision for supportive services to address the heightened vulnerability of girls in emergency contexts as a result of, *inter alia*, onerous domestic responsibilities, sexual abuse and exploitation, violence, and educational exclusion.
3. Developing emergency protocols and guidelines for protection workers, including alternative care providers, the police, social workers, justice personnel and health-care workers on how to fulfil their roles in an emergency context to protect and advance the best interests of the child. Specifically, this entails developing the guidelines to support their awareness and fulfilment of their responsibilities as key stakeholders in a network of like-minded institutions that are together responsible for the identification of children at risk and tasked with a duty to protect and refer children in need of support.
4. Developing clear referral pathways, regulated by clearly defined agreements amongst service providers, that ensure access to safe, quality services once children in need are identified.
5. Developing the capacity of all responsible role-players within the protective network such that they have the knowledge, competencies, and skills to fulfil their emergency responsibilities defined in the emergency response plan.

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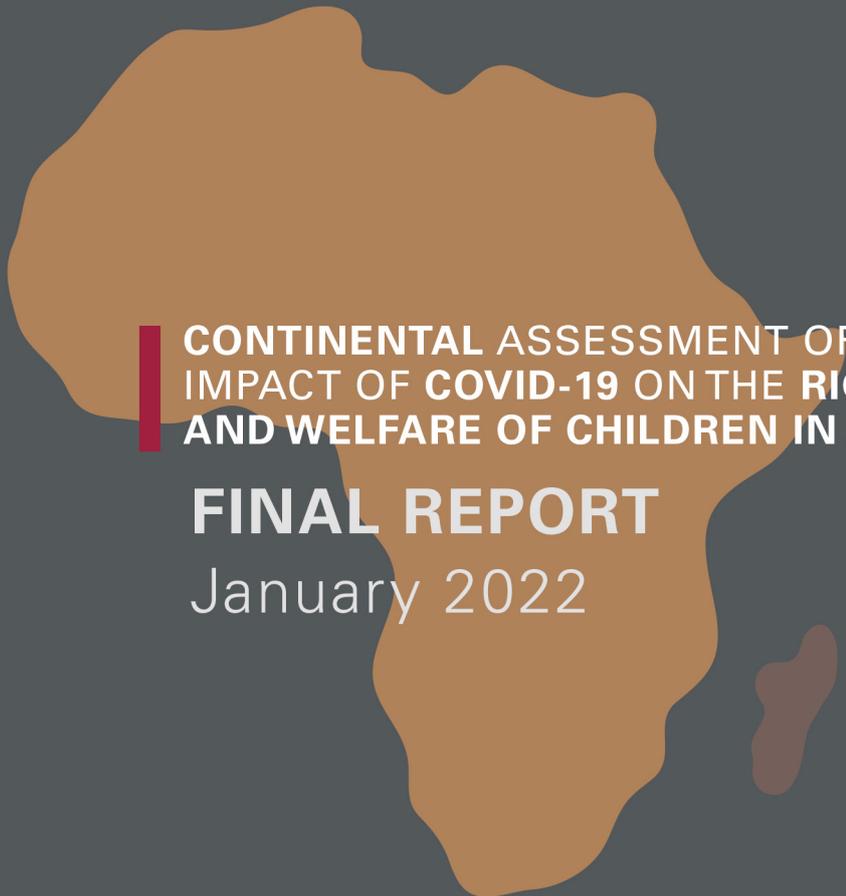
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FINAL REPORT

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